### DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

### APPLICATION FOR CRISIS COUNSELING PROGRAM SERVICES (REGULAR SERVICES PROGRAM)

O.M.B. No. 1660-0085 Expires August 31, 2014

#### PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 20 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0100). NOTE: Do not send your completed form to the above address.

#### **Privacy Act Statement**

GENERAL: 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.

AUTHORITY: Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (42 U.S.C. § 5183); 44 C.F.R. § 206.171.

PURPOSES AND USES: 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.

EFFECTS OF NONDISCLOSURE: prevent FEMA from providing the requirements		untary; however, failure to provide the information requested may delay of
PART I: General Application In	formation_	
under 42 U.S.C. § 5183 as imple	mented at 44 C.F.R. § 206.171. Failure to u	rements for application for the Regular Services Program (RSP) use this application may result in a failure to meet these the submitted no later than 60 days following the declaration of a
1. Request Date:	2. Declaration #:	3. Declaration Date:
4. State, Indian Tribal Governm	ent or Territory requesting services:	
5. Primary Point of Contact (PO	C) information for the administration of this $\mathfrak p$	program.
5a. POC Name:		
5b. POC Organization:		
5c. POC Mailing Address:		
5d. POC E-Mail Address:		
5e. POC Phone Number		
6. Amount requested for Regula	ar Services Program (RSP) funding (please	round to nearest dollar). \$

### **PART II: Response Activities from Date of Incident**

7. Describe State and local crisis counseling activities from the date of the incident to the date of this application. Enter "N/A" if no crisis counseling activities have been conducted to date.

(REGUEAR GERVICES I ROSINAIII)
If an Immediate Services Program (ISP) was implemented for this disaster, please answer questions #8-10 below. Otherwise, skip to question #11.
8. Please provide a brief summary of the ISP currently in place. Please include information on the population served, any extensions (date and amount), the number of providers, the start and end dates of the program, and summarize any trends. Include any best practices as well as any challenges and describe how those challenges were addressed or will be addressed in the RSP.
9. If applicable, explain why any service providers not included in the ISP were added to this RSP application. Additionally, explain why any service providers included in the ISP are excluded from the proposed RSP.
10. Describe how the RSP will build on the work done in the ISP. Describe how contacts and resources identified during the ISP will be leveraged during the RSP.

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11. Please provide a brief summary that provides key information on the scope and magnitude of the disaster, how the Grantee and provide	∍rs
propose to provide services during the RSP, and the nature and location of the proposed services. Please include a description of the leng	th of I
time services will be required and describe how long-term cases will be handled. Please describe the nature of psychological and social	0.
problems observed and the types of mental health problems encountered by disaster survivors.	
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PART III: Geographic	Areas and Needs Asse	ssment			
12. Estimated Population	on to be served:				
			mining the estimated po umber of direct and non-		lease cite data
land, etc.). Popula Factor" use .075%	ate the table using censu	us data for the total pop nsus Population" by .07	oulation for each request ulation for each designa 5% to arrive at the estim	ted service area. For "Po	ercentage Impact
Service Provider Name (if known) and Requested Declared Service Areas	Total Census Population in Requested Declared Service Areas	Percentage Impact Factor (.75%)	Estimated Population to be Served during the RSP	Number of Direct Staff FTE's (Crisis Counselors, Team Leads) (Typically a 300:1 ratio)	Number of Non-Direct Staff FTE's (Admin., Fiscal, Data etc.) Typically 15-20%
TOTALS:					

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Describe any special circumstances not captured in the table above that will have an impact on the need for crisis counseling services during the RSP. Include any high-risk groups or populations of concern (e.g. children; adolescents; older adults; ethnic and cultural groups; access and functional needs; lower income populations, first responders, etc). Please include your plan to reach these populations.
PART IV: Resources and Capabilities
13. Describe the current mental health resources and explain why they cannot meet the disaster-related mental health needs caused or aggravated by this disaster.
14. Has the Grantee received funds for mental health disaster response from any other source (i.e. Department of Education, Foundations, etc) ? If so, how much and how are these funds used?

PART V: Program Administration
15. Will the State, Indian Tribal Government or Territory be providing any direct crisis counseling services?
☐ Yes ☐ No
16. Attach an overall organizational chart for this project
17. Provide a brief description of administrative oversight plans (supervision and monitoring of crisis counselors, team leads, data collection efforts, managing and monitoring staff stress, etc).
18. How will the Grantee monitor the organization and deployment of crisis counseling teams? If more than one provider agency will be delivering services, please describe the plan to coordinate services. If more than one provider will cover a service area, please include a map
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19. Describe the Grantee's plan for quality control methods to ensure appropriate services reach survivors.
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20. With what organizations and community stakeholders will you partner? Select all that apply:
Community Mental Health and Substance Abuse Centers
☐ Schools
Faith-Based Organizations
First Responders
Community-Based Cultural Organizations
Law Enforcement
Local Elected Officials
Long-Term Recovery Groups
Cother:
21. Briefly describe how you will engage with the partners identified above.
21. Shorty decorated from you will originate the parameter decreased above.
22. What primary CCP services will you provide? Please select all that apply.
22. What primary Got Services will you provide: Trease select all that apply.
Individual crisis counseling
Group crisis counseling
☐ Brief educational or supportive contact
☐ Public education
Assessment, referral, and resource linkage
Community networking and support

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23.	23. What secondary CCP services will you provide? Please select all that apply.				
	Development and distribution of educational materials				
	Media and public service	announcements			
24. Sta	24. <b>State Staffing Plan</b> . Please provide information on the staffing at the Grantee level. Include leadership positions and direct staff if the State, Territory or Tribe is providing any direct services. Do not include provider-level staff.				
		Grant Funded		Projected In-Kind	
	Type of Staff	# of Staff Members	# of FTE's (based on 40 hours per week)	# of Staff Members	# of FTE's (based on 40 hours per week)
	Totals:				

25 Describe the Createria plan to ensure clear program identity (educational materials well-sectional sectorials)
25. Describe the Grantee's plan to ensure clear program identity (educational materials, wellness messaging, logos, etc.) and market the program (including website, hotline, social media, public service announcements, etc.)
program (including website, notline, social media, public service announcements, etc.)
26. Briefly describe the facilities to be utilized and your plan for securing office space for this project.
27. The CCP requires mandatory training during the RSP as described in the CCP guidance. Please describe the proposed training program
for project staff, indicating the number of workers needing such training. Also include additional training (if any) that you plan to provide and
the rationale for such training.

28. Does the State, Territory or Tribe have any experienced trainers who can provide training on the CCP model?				
☐ YES ☐ NO				
PART VI: Budget				
29. Attach a Standard Form 424: Request for Federal Assistance Programs (SF-424a). These forms should include all projected op				
30. Attach a budget narrative explaining each line item on the SF-424a.				
PART VII: Assurances				
31. Please indicate whether the following assurances have been completed and submitted with this application:				
a. Lobbying				
b. Drug-Free Workplace YES No	0			
c. Disbarment, Suspension and Other Responsibility Matters	YES	S NO		
d. HHS Project Checklist	0			
e. HHS Project Site Location Form YES No	0			
32. The Governor or Chief Tribal Executive agrees to and /or cert	tifies that:			
The requirements are beyond the State, local, Territory, or li	ndian Tribal go	overnment's capabilities.		
The program, if approved, will be implemented according to Administrator for the Recovery Directorate.	the plan contai	ained in the application approved by the Assistant		
The State, Indian Tribal Government or Territory will maintai Administrator, the Assistant Administrator for the Recovery I				
The State, Indian Tribal Government or Territory's emergend mental health planning.	cy plan, prepare	red under Title II of the Stafford Act, will include disaster		
33. By signing below, the Governor's Authorized Representative been answered correctly and truthfully to the best of their knowled		Chief Tribal Executive affirms that the foregoing questions ha		
Signature Date				
PART VIII: Application Checklist				
34. The following documents are being submitted with this grant application:				
a. Completed RSP Application YES NO				
b. Request for Federal Assistance (SF-424)	☐ YES	☐ NO		
c. Budget Information - Non-Construction Programs (SF-424a)	YES	☐ NO		
d. Assurances for Non-Construction Programs (SF-424b)	YES	NO		
e. Budget Narrative	☐ YES	☐ NO		
f. Organizational Chart	YES	□ NO		
g. Assurance forms from question 31 above	YES	□ NO		