



Department of Veterans Affairs

Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP) APPLICATION

VA Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0904 and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 35 hours per response, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at vapra@va.gov. Please refer to OMB Control No. 2900-0904 in any correspondence. Do not send your completed VA Form 10-315a to this email address.

Privacy Act Statement: VA is asking you to provide the information requested in this form under the authority of section 201 of Public Law 116-171 for VA to determine your eligibility to receive a suicide prevention services grant under the SSG Fox SPGP. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information for: civil or criminal law enforcement; congressional communications; the collection of money owed to the United States; litigation in which the United States is a party or has interest; the administration of VA grant programs, including verification of your eligibility to participate; and personnel administration. You do not have to provide the requested information to VA; but if you do not, VA may be unable to process your request for consideration in this program. If you provide VA with your Employer Identification Number (EIN), VA will use it to obtain information relevant to determining whether to award a grant and to administer your grant, if awarded. This information also may be used for other purposes as authorized or required by law.

Background:

This form is to be completed by eligible applicants for suicide prevention services grants under VA's SSG Fox SPGP. VA will use the collected information to evaluate and select recipients for suicide prevention services grants. Applicants may be asked to provide additional supporting evidence or to quantify details during the review process.

Definitions and SSG Fox SPGP Information:

Definitions and SSG Fox SPGP information can be found in the regulations (38 CFR Part 78) and the Notice of Funding Opportunity (NOFO) under which you are submitting this application. Both documents are included as attachments to this application package and are posted on the SSG Fox SPGP web page <https://www.mentalhealth.va.gov/ssgfox-grants/>. Please note that to be eligible for a grant under the SSG Fox SPGP, the applicant must be an incorporated private institution or foundation (i) no part of the net earnings of which inures to the benefit of any member, founder, contributor, or individual, and (ii) has a governing board that would be responsible for the operation of the suicide prevention services; a corporation wholly owned and controlled by an organization meeting the requirements of clauses (i) and (ii), above; an Indian tribe (Indian tribe is used throughout this document, per the statute, to include Alaska Natives); a community-based organization that can effectively network with local civic organizations, regional health systems, and other settings where eligible individuals and their families are likely to have contact; or a State or local government. See 38 CFR 78.5 and section 201(q) of [Public Law 116-171](#) for definitions of these and other terms contained throughout the application.

Submission:

The application must be submitted in accordance with the NOFO. The NOFO specifies the format in which the application must be submitted. Only timely and complete applications will be considered for funding; applications will not be reviewed if incomplete. To be considered timely, the application must be submitted by the time and date specified in the NOFO. Applications received after that time and date will not be accepted. Following the application deadline, applicants will be notified that their applications have been received. To be considered complete, all items requested in this grant application must arrive as a single application package. Materials arriving separately will not be considered and may result in the application being rejected or not funded.

Documentation and Public Access Requirements:

VA will ensure that documentation and other information regarding each application submitted are sufficient to indicate the basis upon which assistance was provided or denied. This material will be made available for public inspection for a five-year period beginning not less than 30 days after the grant award. Material will be made available in accordance with the [Freedom of Information Act \(5 U.S.C. 552\)](#).

Warning:

It is a crime to knowingly make false statements to a Federal agency. Penalties upon conviction can include a fine and imprisonment. For details see [18 USC 1001](#). Misrepresentation of material facts may also be the basis for denial of grant assistance by VA.

Technical Assistance:

Information on obtaining technical assistance with this application can be found on VA's SSG Fox SPGP web page at: <https://www.mentalhealth.va.gov/ssgfox-grants/>. In addition, questions may be directed to the SSG Fox SPGP via email at VASSGFoxGrants@va.gov or via telephone at (202) 502-0002.

APPLICATION CHECKLIST

An application must include the following items.

Executive Summary

Section A: Background, Qualifications, Experience, & Past Performance of Applicant and Any Identified Community Partners (30 maximum points)

1. Background and Organizational History
2. Staff Qualifications
3. Organizational Qualifications and Past Performance, Including Experience with Veterans

Section B: Program Concept & Suicide Prevention Services Plan (30 maximum points)

1. Need for Program
2. Outreach/Screening Plan
3. Program Concept
4. Program implementation timeline
5. Coordination with VA
6. Ability to Meet VA's Requirements, Goals, and Objectives for SSG Fox SPGP
7. Capacity to Undertake Program

Section C: Quality Assurance & Evaluation Plan (15 maximum points)

1. Program Evaluation
2. Monitoring
3. Remediation
4. Management and Reporting

Section D: Financial Capability & Plan (15 maximum points)

1. Organizational Finances
2. Financial Feasibility of Program

Section E: Area Linkages and Relations (10 maximum points)

1. Area Linkages
2. Past Working Relationships
3. Local Presence and Knowledge
4. Integration of Linkages and Program Concept

Section F: Certifications

Section G: Reference Citations

Exhibit I: Applicant Organizational chart

Exhibit II: Key Personnel Resumes and Hiring Criteria for Proposed Staff

Exhibit III: Program budget (complete attached Microsoft Excel Applicant Budget Template)

Exhibit IV: One or more of the following: IRS ruling certifying tax-exempt status under the IRS Code of 1986, as amended; Partnership Agreement; Articles of Incorporation or By-Laws; and/or Indian Housing Plan Tribal Certification

Exhibit V: (Optional) Letters of support from area Suicide Prevention Initiatives where services are proposed and relevant Memoranda of Understanding (MOUs) demonstrating area linkages

SECTION 1. EXECUTIVE SUMMARY

A. PROVIDE THE FOLLOWING INFORMATION FOR THE APPLICANT

1. APPLICANT'S LEGAL NAME *(as identified in your Articles of Incorporation)*:

2. OTHER NAMES UNDER WHICH APPLICANT DOES BUSINESS:

3. EMPLOYER IDENTIFICATION NUMBER (EIN) THAT CORRESPONDS TO THE APPLICANT'S IRS RULING CERTIFYING TAX-EXEMPT STATUS UNDER THE IRS CODE OF 1986 *(Note: EIN will be used to determine whether applicant is delinquent or in default on any Federal debt, in accordance with 31 U.S.C. 3701, et seq. and 5 U.S.C.552a at note)*:

4. DUNS AND BRADSTREET (DUNS) NUMBER:

5. UNIQUE ENTITY IDENTIFIER (UEI)

6. BUSINESS ADDRESS:

7. MAILING ADDRESS *(if different from above)* *(include both U.S.mailing address and courier (i.e., no P.O. Box) address)*:

8. CONTACT PERSON NAME:

9. CONTACT PERSON TITLE:

10. MAILING ADDRESS FOR CONTACT PERSON *(if different from above)*:

11. TELEPHONE FOR CONTACT PERSON *(where the person can be reached during business hours)*:

12. EMAIL FOR CONTACT PERSON:

13. OPTIONAL: IF THE APPLICANT WOULD LIKE VA TO CONSIDER ANY COMMUNITY PARTNER WHEN SCORING THE APPLICANT, IDENTIFY FOR EACH COMMUNITY PARTNER THE FOLLOWING INFORMATION: NAME, EIN, BUSINESS ADDRESS, MAILING ADDRESS, CONTACT PERSON *(name title, mailing address, telephone, email)*. IDENTIFY THE PERCENTAGE OF WORK EXPECTED TO BE PERFORMED BY IDENTIFIED COMMUNITY PARTNER.

B. SUICIDE PREVENTION FUNDS REQUESTED

1. AMOUNT OF SUICIDE PREVENTION SERVICES GRANT FUNDS REQUESTED UNDER THIS NOFO *(maximum \$750,000 per year)*:

C. PROJECTED ELIGIBLE INDIVIDUALS TO BE SERVED

1. NUMBER OF UNIQUE ELIGIBLE INDIVIDUALS ESTIMATED TO BE SERVED, PER YEAR:

D. AVERAGE PROJECTED COST PER ELIGIBLE INDIVIDUALS

1. AVERAGE TOTAL SUICIDE PREVENTION SERVICES GRANT AMOUNT REQUEST PER ELIGIBLE INDIVIDUAL:

(This amount should equal total grant amount divided by number of Eligible Individuals served.)

E. PROPOSED GEOGRAPHICAL AREAS

1. DESCRIBE THE GEOGRAPHIC AREA WHERE THE PROPOSED PROGRAM WILL SERVE. INCLUDE THE NAME(S) OF THE MUNICIPALITIES, COUNTIES (OR PARISHES), OR TRIBAL LANDS AND, THAT THE PROPOSED PROGRAM WILL SERVE.

2. LIST THE VETERANS INTEGRATED SERVICE NETWORK (VISN) NUMBER(S) IN WHICH THE PROPOSED PROGRAM WILL OPERATE. [Veterans Integrated Services Networks \(VISNs\) -Veterans Health Administration \(va.gov\)](#)

3. LIST THE VA HEALTHCARE FACILITY STATION CODES IN WHICH THE PROPOSED PROGRAM WILL OPERATE. [VA Facilities Locations](#)

4. IDENTIFY WHICH OF THE FOLLOWING PRIORITY REGIONS APPLIES TO THE GEOGRAPHIC AREA(S) IN WHICH THE PROPOSED PROGRAM WILL OPERATE. SELECT ALL THAT APPLY:

- A. RURAL COMMUNITY D. MEDICALLY UNDERSERVED AREAS F. AREAS THAT HAVE EXPERIENCED HIGH RATES OF CALLS TO VETERANS CRISIS LINE (VCL)
 B. TRIBAL LAND E. AREAS WITH A HIGH NUMBER OR PERCENTAGE OF MINORITY VETERANS OR WOMEN VETERANS
 C. U.S. TERRITORIES

F. APPLICANT ELIGIBILITY

1. THE APPLICANT IS A/AN:

- INCORPORATED PRIVATE INSTITUTION OR FOUNDATION (I) NO PART OF THE NET EARNINGS OF WHICH INCURS TO THE BENEFIT OF ANY MEMBER, FOUNDER, CONTRIBUTOR, OR INDIVIDUAL, AND (II) HAS A GOVERNING BOARD THAT WOULD BE RESPONSIBLE FOR THE OPERATION OF THE SUICIDE PREVENTION SERVICES.
 CORPORATION WHOLLY OWNED AND CONTROLLED BY AN ORGANIZATION (I) NO PART OF THE NET EARNINGS OF WHICH INCURS TO THE BENEFIT OF ANY MEMBER, FOUNDER, CONTRIBUTOR, OR INDIVIDUAL, AND (II) HAS A GOVERNING BOARD THAT WOULD BE RESPONSIBLE FOR THE OPERATION OF THE SUICIDE PREVENTION SERVICES.
 INDIAN TRIBE (to include Alaska Native tribes).
 COMMUNITY-BASED ORGANIZATION THAT CAN EFFECTIVELY NETWORK WITH LOCAL CIVIC ORGANIZATIONS, REGIONAL HEALTH SYSTEMS, AND OTHER SETTINGS WHERE ELIGIBLE INDIVIDUALS AND THEIR FAMILIES ARE LIKELY TO HAVE CONTACT.
 STATE OR LOCAL GOVERNMENT.

2. OUTSTANDING OBLIGATIONS: APPLICANT EITHER

- A. DOES NOT HAVE AN OUTSTANDING OBLIGATION TO THE FEDERAL GOVERNMENT THAT IS IN ARREARS AND DOES NOT HAVE AN OVERDUE OR UNSATISFACTORY RESPONSE TO AN AUDIT.
 B. HAS AN OUTSTANDING OBLIGATION TO THE FEDERAL GOVERNMENT THAT IS IN ARREARS AND/OR AN OVERDUE OR UNSATISFACTORY RESPONSE TO AN AUDIT. DESCRIBE BELOW:

3. DEFAULT: APPLICANT EITHER

- A. IS NOT IN DEFAULT BY FAILING TO MEET THE REQUIREMENTS FOR ANY PREVIOUS FEDERAL ASSISTANCE
 B. IS IN DEFAULT BY FAILING TO MEET THE REQUIREMENTS FOR PREVIOUS FEDERAL ASSISTANCE. DESCRIBE BELOW:

4. IDENTIFY YES OR NO AND EXPLAIN IN REASONABLE DETAIL EACH INSTANCE WITHIN THE PAST 10 YEARS IN WHICH THE APPLICANT, ANY IDENTIFIED COMMUNITY PARTNER, OR ANY PRINCIPAL, PARTNER, DIRECTOR, OR OFFICER OF THE APPLICANT OR IDENTIFIED COMMUNITY PARTNER WAS (complete table below):

ITEM		IF NO, PLEASE DESCRIBE (attach additional pages if necessary):
A. Convicted of or pleaded guilty or <i>nolo contendere</i> to a crime (other than a traffic offense).	<input type="checkbox"/> YES <input type="checkbox"/> NO	
B. Subject to an order, judgment, or decree (including as a result of a settlement), whether by a court, an administrative agency, or other governmental body, or an arbitral or other alternative dispute resolution tribunal, in any civil proceeding or action in which fraud, gross negligence, willful misconduct, misrepresentation, deceit, dishonesty, breach of any fiduciary duty, embezzlement, looting, conflict of interest, or any similar misdeed was alleged (regardless of whether any wrong doing was admitted or proven).	<input type="checkbox"/> YES <input type="checkbox"/> NO	
C. Subject to an action or other proceeding, whether before a court, an administrative agency, governmental body, or an arbitral or other alternative dispute resolution tribunal, which, if decided in a manner adverse to the applicant, identified subcontractor, principal, partner, director, or officer (as applicable), would reasonably be expected to adversely affect the ability of the applicant or identified subcontractor to perform its obligations with respect to the proposed program.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
D. Debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from transactions by any Federal department or agency.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
E. Notified that it is in default of any Federal contract or grant, the reason for the default, and whether the default was cured.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
F. Had one or more public transactions (Federal, State, or local) terminated for cause or default.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
G. Party to litigation or a formal Alternative Dispute Resolution (ADR) process (e.g., binding arbitration) involving a claim in excess of \$50,000. For those matters involving a claim equal to or in excess of \$500,000, describe in detail the litigation or ADR process.	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach responses to Sections II-VIII. Total narrative for these sections cannot exceed 12 pages. Responses must be typed in 12 point, Times New Roman font. All pages must have 1-inch margins. Attached responses must include question number and heading. Please cite all references in text and reference page in Section VIII, using a numbering format.

SECTION II: BACKGROUND, QUALIFICATIONS, EXPERIENCE, & PAST PERFORMANCE OF APPLICANT AND ANY IDENTIFIED COMMUNITY PARTNERS

In scoring the application, VA will award up to 30 points based on the applicant's responses to questions in this section.

A. BACKGROUND AND ORGANIZATIONAL HISTORY

1. PROVIDE A GENERAL OVERVIEW OF THE APPLICANT'S MISSION AND ORGANIZATIONAL HISTORY, INCLUDING:

1A. NUMBER OF YEARS IN OPERATION:	1B. TOTAL NUMBER OF EMPLOYEES:
-----------------------------------	--------------------------------

1C. A DESCRIPTION OF SERVICES PROVIDED (*past and present*):

1D. THE GEOGRAPHIC AREAS IN WHICH THOSE SERVICES ARE PROVIDED:

1E. TYPES OF PROGRAMS OPERATED (*past and present*):

1F. ORGANIZATIONAL COMPETENCIES AND/OR AREAS OF EXPERTISE:

2. DESCRIBE THE APPLICANT'S (*and any identified community partners', if applicable*):

2A. ORGANIZATIONAL EXPERIENCE IN ADMINISTERING PROGRAMS SIMILAR, IN SIZE AND SCOPE, TO THE PROPOSED PROGRAM AND HISTORY OF COMPLYING WITH AGREEMENTS AND NOT DEFAULTING ON FINANCIAL OBLIGATIONS.

2B. INCLUDE ORGANIZATIONAL STRUCTURES WITH CLEAR LINES OF REPORTING AND DEFINED RESPONSIBILITIES (*this may be submitted through Exhibit I*):

B. STAFF QUALIFICATIONS

1. DESCRIBE THE APPLICANT'S STAFF MEMBERS', AND ANY IDENTIFIED COMMUNITY PARTNERS' STAFF MEMBERS', EXPERIENCE PROVIDING SERVICES TO, OR COORDINATING SERVICES FOR, ELIGIBLE INDIVIDUALS AND THEIR FAMILIES, WHO MAY INCLUDE INDIVIDUALS WITH OR WITHOUT DEPENDENTS:

2. DESCRIBE THE APPLICANT'S STAFF MEMBERS', AND ANY IDENTIFIED COMMUNITY PARTNERS' STAFF MEMBERS', EXPERIENCE ADMINISTERING PROGRAMS SIMILAR, IN SIZE AND SCOPE, TO THE PROPOSED PROGRAM, INCLUDING ANY EXPERIENCE WITH SUICIDE PREVENTION INITIATIVES:

3. PROVIDE RESUMES FOR KEY PERSONNEL (INCLUDING CASE MANAGERS AND OTHER SUICIDE PREVENTION SERVICES STAFF WHO WILL BE INVOLVED IN OPERATING THE PROPOSED PROGRAM IN EXHIBIT II). IF THE MAJORITY OF STAFF FOR THE PROPOSED PROGRAM WILL NEED TO BE HIRED, PROVIDE MINIMUM HIRING CRITERIA:

C. ORGANIZATIONAL QUALIFICATIONS AND PAST PERFORMANCE, INCLUDING EXPERIENCE WITH VETERANS SERVICES

1. DESCRIBE YOUR ORGANIZATIONAL EXPERIENCE, IN PROVIDING SUICIDE PREVENTION SERVICES TO, OR COORDINATING SUICIDE PREVENTION SERVICES FOR ELIGIBLE INDIVIDUALS AND THEIR FAMILIES, WHO ARE AT RISK FOR SUICIDE, AND/OR EXPERIENCE WORKING WITH VETERANS AND THEIR FAMILIES:

2. DESCRIBE APPLICANT'S AND ANY IDENTIFIED COMMUNITY PARTNERS ORGANIZATIONAL EXPERIENCE ADMINISTERING A PROGRAM SIMILAR IN TYPE AND SCALE TO SSG FOX SPGPG TO ELIGIBLE INDIVIDUALS AND THEIR FAMILIES:

3. IF ANY COMMUNITY PARTNERS WILL BE RETAINED FOR THE PROPOSED PROGRAM:

3A. IDENTIFY WHICH, IF ANY, COMMUNITY PARTNERS THE APPLICANT WOULD LIKE VA TO CONSIDER ALONG WITH THE APPLICANT IN THE EVALUATION OF THIS APPLICATION (*"identified community partners"*):

3B. PROVIDE A DESCRIPTION OF THE ARRANGEMENTS CURRENTLY IN PLACE AND HOW LONG SUCH ARRANGEMENTS HAVE BEEN IN PLACE. DESCRIBE THE APPLICANT'S PLAN AND ABILITY TO COORDINATE WITH SUCH COMMUNITY PARTNER(S) AND A DESCRIPTION OF THE SUICIDE PREVENTION SERVICES PROVIDED BY SUCH PARTNER:

3C. PROVIDE A BRIEF DESCRIPTION OF THE QUALIFICATIONS OF THE COMMUNITY PARTNERS WHO WILL BE RETAINED, AND, IF AVAILABLE, INCLUDE AS EXHIBIT V LETTERS OF SUPPORT OR OTHER DOCUMENTS EVIDENCING THE APPLICANT'S RELATIONSHIP TO THE COMMUNITY PARTNER(S) AND EXHIBIT V ANY MEMORANDUMS OF AGREEMENT (MOAS) OR OTHER AGREEMENTS WITH SUCH PARTNERS:

SECTION III: PROGRAM CONCEPT & SUICIDE PREVENTION SERVICES PLAN

In scoring the application, VA will award up to 30 points based on the applicant's responses to questions contained in this section. Applicants should reference the requirements set forth in the NOFO in preparing these responses.

A. NEED FOR PROGRAM

1. ESTIMATE THE NEED FOR SSG FOX SPGP SERVICES. INCLUDE THE BASIS FOR THIS ESTIMATE, HIGHLIGHTING AREAS AND PERCENTAGE OF UNMET NEED (*for instance, overall numbers of Veterans at risk for suicide might be relatively low, but there may be some available services to meet these needs*).

2. HOW MANY ELIGIBLE INDIVIDUALS DO YOU EXPECT TO SERVE, INDICATING AN UNDERSTANDING OF THE UNIQUE NEEDS OF THIS POPULATION AND HOW DO YOU EXPECT TO ENGAGE THEM? INCLUDE THE ESTIMATED PERCENTAGE OF THOSE ELIGIBLE INDIVIDUALS, BY DEMOGRAPHIC AND BY WHO ARE NOT CURRENTLY RECEIVING CARE FURNISHED BY VA, PLEASE CITE ALL DATA SOURCES USED FOR THESE ESTIMATES.

B. OUTREACH / SCREENING PLAN

1. PLEASE DESCRIBE THE PROPOSED OUTREACH, SCREENING AND REFERRAL PLANS AND INCLUDE THE FOLLOWING INFORMATION:

1A. HOW WILL THE PROGRAM IDENTIFY AND CONDUCT OUTREACH TO ELIGIBLE INDIVIDUALS AT RISK OF SUICIDE AND THEIR FAMILIES WHO ARE MOST IN NEED OF SUICIDE PREVENTION SERVICES?

1B. SPECIFY THE LOCATIONS (*e.g., counties*) AND RATIONALE (*e.g., high VCL call rate*) WHERE APPLICANT WILL CONDUCT OUTREACH:

1C. DESCRIBE THE TYPES OF OUTREACH PLANNED (*e.g., individual contact, group meetings, trainings/workshops, conferences, presentations, etc.*):

1D. DESCRIBE THE PLAN FOR SCREENING ELIGIBLE INDIVIDUALS AT RISK OF SUICIDE AND THEIR FAMILIES:

1E. DESCRIBE THE PROCESS FOR SCREENING, ASSESSING, AND REFERRING FOR OTHER NEEDS OF INCOMING PARTICIPANTS:

1F. HOW THE COORDINATION WITH LOCAL SERVICE PROVIDERS (*including VA*) WILL OCCUR:

1G. DESCRIBE THE PROCESS FOR REFERRING INELIGIBLE INDIVIDUALS AT RISK OF SUICIDE AND THEIR FAMILIES TO OTHER PROVIDERS:

C. PROGRAM CONCEPT

1. DESCRIBE THE PROPOSED PROGRAM AND SERVICES (e.g., size, catchment area):

2. IDENTIFY IN THE TABLE BELOW WHICH OF THE FOLLOWING SUICIDE PREVENTION SERVICES THE APPLICANT WILL EITHER PROVIDE DIRECTLY (using SSG Fox SPGP Funds) AND/OR ASSIST PARTICIPANTS IN OBTAINING THROUGH REFERRALS TO OTHER ORGANIZATIONS:

TYPE OF BENEFIT/SERVICE (See 38 CFR 78.45 to 78.90 for definitions of these services)	APPLICANT WILL PROVIDE BENEFIT DIRECTLY (Yes/No)	APPLICANT WILL ASSIST PARTICIPANTS IN OBTAINING BENEFIT THROUGH REFERRALS TO OTHER ORGANIZATIONS (Yes/No)
Baseline Mental Health Screening	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Outreach	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Education	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Clinical Services for Emergency treatment	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Case Management	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Peer Support	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Assistance in obtaining VA benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Assistance in obtaining and coordinating other public benefits and assistance with emergent needs relating to:		
• Health care services	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Daily living services	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Personal financial planning counseling services	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Transportation services*	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Temporary income support services	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Fiduciary and representative payee services	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Legal services to assist the eligible individual with issues that may contribute to the risk of suicide	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Child care	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other: Nontraditional and innovative approaches and treatment practices Describe:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other Suicide Prevention Stability Funds	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other: Suicide Prevention Services Describe:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

***Note:** If the applicant intends to lease any vehicle(s) for the purposes of direct provision of transportation services, the application must state that the applicant agrees to the following: (i) the vehicle(s) will be safe, accessible, and equipped to meet the needs of the participants; (ii) the vehicle(s) will be maintained in accordance with the manufacturer's recommendations; and (iii) all transportation personnel (employees and community partners) will be licensed, insured, and trained in managing any special needs of participants and handling emergency situations.

3. FOR EACH SUICIDE PREVENTION SERVICE PROPOSED, DESCRIBE THE PLAN ON HOW THE APPLICANT PROPOSES TO COORDINATE OR DELIVER SUICIDE PREVENTION SERVICES TO PARTICIPANTS:

3A. FOR NONTRADITIONAL AND INNOVATIVE APPROACHES AND TREATMENT PRACTICES PROPOSED BY THE APPLICANT:

3A.1. PROVIDE A CLEAR DESCRIPTION OF THE SERVICES:

3A.2. BRIEFLY SUMMARIZE AND CITE THE LITERATURE SUPPORTING THE EVIDENCE FOR EFFECTIVENESS:
3A.3. THE GOAL OF THE INTENDED SERVICES WITH AN INDICATION OF HOW THOSE GOALS CAN BE MEASURED:
3A.4. A DESCRIPTION OF THE PLAN TO MEASURE THE PROPOSED OUTCOMES AND EVALUATE THE EFFECTIVENESS OF THE SERVICES PROVIDED:
Note: Include in the proposed evaluation methodology whether the grantee is already providing the services. If the grantee is already providing services, any existing data should be included in the application to demonstrate the effectiveness. Existing data can include outcomes, participant exit interviews, participant self-report and participant satisfaction surveys.
3B. FOR OTHER SUICIDE PREVENTION SERVICES PROPOSED BY THE APPLICANT THAT ARE DEMONSTRATED, EVIDENCE INFORMED INTERVENTIONS FOR IMPROVING MENTAL HEALTH STATUS AND WELLBEING AND REDUCING THE SUICIDE RISK OF ELIGIBLE INDIVIDUALS AND THEIR FAMILIES.
3B.1. PROVIDE A CLEAR DESCRIPTION OF THE SERVICES INCLUDING THEIR INTENDED SHORT AND LONG-TERM GOALS:
3B.2. BRIEFLY SUMMARIZE AND CITE THE LITERATURE SUPPORTING THE EVIDENCE FOR EFFECTIVENESS:
3B.3. PROVIDE DATA CLEARLY DEMONSTRATING THE EFFECTIVENESS OF THE SERVICE:
3B.4. DESCRIBE PROGRAM EVALUATION DESIGN (<i>including citing analytic models</i>) TO STUDY OUTCOMES:
4. DESCRIBE THE APPLICANT'S STAFFING PLAN AND THE PROPOSED RATIO OF STAFF TO PARTICIPANTS:
5. DESCRIBE THE FREQUENCY WITH WHICH SERVICES WILL BE PROVIDED TO PARTICIPANTS (<i>e.g., daily, weekly, biweekly</i>):
6. DESCRIBE HOW THE APPLICANT WILL COORDINATE THE PROVISION OF SUICIDE PREVENTION SERVICES ACROSS OTHER PARTNER AND COMMUNITY ORGANIZATIONS, WHO ARE INVOLVED (<i>e.g., use of vendor for legal services if applicable</i>):

7. DESCRIBE THE PROCESS AND METHODS THAT WILL BE USED TO MAINTAIN THE CONFIDENTIALITY OF PARTICIPANTS AND PARTICIPANTS' RECORDS (e.g., HIPAA compliance):

8. DESCRIBE THE PROCESS AND METHODS THAT WILL BE USED TO MAINTAIN THE SAFETY OF PARTICIPANTS:

9. DESCRIBE HOW INDIVIDUAL GOALS WILL BE SET FOR PARTICIPANTS (e.g., plan developed in consultation with eligible individual and family members):

10. IF THE APPLICANT IS A STATE OR LOCAL GOVERNMENT OR AN INDIAN TRIBE, AN IDENTIFICATION OF THE COMMUNITY PARTNERS, IF ANY, WITH WHICH THE APPLICANT PROPOSES TO WORK IN DELIVERING SUCH SERVICES, A DESCRIPTION OF THE ARRANGEMENTS CURRENTLY IN PLACE BETWEEN THE APPLICANT AND SUCH PARTNERS WITH REGARD TO THE PROVISION OR COORDINATION OF THE PROVISION OF SUICIDE PREVENTION SERVICES, AN IDENTIFICATION OF HOW LONG SUCH ARRANGEMENTS HAVE BEEN IN PLACE, A DESCRIPTION OF THE SUICIDE PREVENTION SERVICES PROVIDED BY SUCH PARTNERS THAT THE APPLICANT MUST COORDINATE.

D. PROGRAM IMPLEMENTATION TIMELINE

1. COMPLETE THE FOLLOWING TABLE DESCRIBING THE PROPOSED PROGRAM'S IMPLEMENTATION TIMELINE - ADD ADDITIONAL MILESTONES AS APPLICABLE:

MILESTONE	NUMBER OF CALENDAR DAYS FROM DATE OF GRANT AGREEMENT EXECUTION	
A. Program setup complete		
B. Implementation of hiring plan (if applicable)		
C. New staff begin work (if applicable)		
D. Outreach services begin		
E. Services begin**		

2. DESCRIBE THE PROGRAM IMPLEMENTATION PLAN THAT WILL ACCOMPLISH THE ABOVE TIMELINE, INCLUDING ANY HIRING PLAN IF REQUIRED:

3. DESCRIBE POSSIBLE OBSTACLES TO PROGRAM IMPLEMENTATION AND POTENTIAL MITIGATION STRATEGIES:

E. COORDINATION WITH VA

1. DESCRIBE THE APPLICANT'S PLAN TO COORDINATE OUTREACH AND SERVICES WITH LOCAL VA FACILITIES. PROVIDE A DESCRIPTION OF HOW THE APPLICANT WILL COMMUNICATE WITH LOCAL VA FACILITIES, INCLUDING LOCAL VA SUICIDE PREVENTION COORDINATORS:

F. ABILITY TO MEET VA'S REQUIREMENTS, GOALS, AND OBJECTIVES FOR SSG FOX SPGP

1. DESCRIBE HOW THE APPLICANT WILL ENSURE THAT ITS PROGRAM MEETS VA'S REQUIREMENTS, GOALS, AND OBJECTIVES FOR SSG FOX SPGP, IDENTIFIED AS TO REDUCE VETERAN SUICIDE THROUGH COMMUNITY-BASED GRANTS TO PROVIDE OR COORDINATE THE PROVISION OF SUICIDE PREVENTION SERVICES TO ELIGIBLE INDIVIDUALS AND THEIR FAMILIES, TO IMPROVE MENTAL HEALTH STATUS, WELLBEING, AND REDUCE THE RISK OF ELIGIBLE INDIVIDUALS AND THEIR FAMILIES:

G. CAPACITY TO UNDERTAKE PROGRAM

1. DESCRIBE THE MANAGERIAL AND TECHNOLOGICAL CAPACITY OF THE APPLICANT TO:

1A. COORDINATE THE PROVISION OF SUICIDE PREVENTION SERVICES:

1B. ASSESS ON AN ONGOING BASIS THE NEEDS OF ELIGIBLE INDIVIDUALS AND THEIR FAMILIES FOR SUICIDE PREVENTION SERVICES:

1C. COORDINATE THE PROVISION OF SUICIDE PREVENTION SERVICES WITH VA SERVICES FOR WHICH ELIGIBLE INDIVIDUALS ARE ALSO ELIGIBLE:

1D. TO TAILOR (*i.e., provide individualized*) SUICIDE PREVENTION SERVICES TO THE NEEDS OF ELIGIBLE INDIVIDUALS AND THEIR FAMILIES:

1E. TO SEEK CONTINUOUSLY NEW SOURCES OF ASSISTANCE TO ENSURE THE CONTINUITY OF SUICIDE PREVENTION SERVICES FOR ELIGIBLE INDIVIDUALS AND THEIR FAMILIES AS LONG AS THE ELIGIBLE INDIVIDUALS ARE DETERMINED TO BE AT RISK OF SUICIDE:

SECTION IV: QUALITY ASSURANCE AND EVALUATION PLAN

In scoring the application, VA will award up to 15 points based on the applicant's responses to questions in this section.

A. PROGRAM EVALUATION

1. EXPLAIN HOW THE APPLICANT INTENDS TO MEASURE THE EFFECTS OF SUICIDE PREVENTION SERVICES PROVIDED BY THE APPLICANT OR PARTNER ORGANIZATION ON THE LIVES OF ELIGIBLE INDIVIDUALS AND THEIR FAMILIES WHO RECEIVE SUCH SERVICES PROVIDED BY THE ORGANIZATION USING PRE- AND POST-EVALUATIONS ON VALIDATED MEASURES OF SUICIDE RISK AND MOOD-RELATED SYMPTOMS:

2. DESCRIBE APPLICANT'S DEFINED OBJECTIVES FOR THE PROVISION OF SUICIDE PREVENTION SERVICES:

3. DESCRIBE HOW APPLICANT PLANS TO CONTINUALLY ASSESS THE PROGRAM AND IF SELECTED, COMPLY WITH VA PROGRAM EVALUATION METHODS, TOOLS, AND REQUIREMENTS AND WILL USE THE MEASURES AND METRICS PROVIDED BY VA FOR THE PURPOSES OF MEASURING THE EFFECTIVENESS OF THE PROGRAMMING TO BE PROVIDED IN IMPROVING MENTAL HEALTH STATUS, WELLBEING, AND REDUCING SUICIDE RISK AND SUICIDE DEATHS OF ELIGIBLE INDIVIDUALS AND THEIR FAMILIES:

B. MONITORING

1. DESCRIBE HOW THE APPLICANT WILL REGULARLY MONITOR THE QUALITY OF THE SUICIDE PREVENTION SERVICES PROVIDED TO PARTICIPANTS AND THE PROGRAM'S COMPLIANCE WITH ALL APPLICABLE LAWS, REGULATIONS, AND GUIDELINES:

2. EXPLAIN HOW THE APPLICANT WILL EVALUATE THE PERFORMANCE OF CASE MANAGERS AND OTHER SUICIDE PREVENTION SERVICES STAFF, INCLUDING ANY COMMUNITY PARTNERS THAT WILL BE RETAINED FOR THE PROPOSED PROGRAM:

3. DESCRIBE THE APPLICANT'S, AND ANY IDENTIFIED COMMUNITY PARTNERS', ONGOING STAFF TRAINING AND/OR CERTIFICATION REQUIREMENTS, AS IT RELATES TO OVERALL PROPOSED PROGRAM GOALS AND OBJECTIVES:

4. DESCRIBE THE APPLICANT'S OPERATIONAL AND FINANCIAL CONTROLS THAT WILL BE PUT IN PLACE TO ENSURE COMPLIANCE WITH SSG FOX SPGP REQUIREMENTS AND THE PROPER USE OF SUICIDE PREVENTION SERVICES GRANT FUNDS:

C. REMEDIATION

1. DESCRIBE THE PROCESS BY WHICH THE APPLICANT WILL REMEDIATE NON-COMPLIANT ASPECTS OF THE PROGRAM IF AND WHEN THEY ARE IDENTIFIED AND WHO WILL COORDINATE THE REMEDIATION PLAN:

D. MANAGEMENT AND REPORTING

1. DESCRIBE THE ROLE OF THE MANAGEMENT TEAM IN OVERSEEING THE ONGOING REPORTING ACTIVITIES OF THE PROPOSED PROGRAM:

2. DESCRIBE THE APPLICANT'S PLAN TO ENSURE THE TIMELINESS, QUALITY, AND ACCURACY OF INFORMATION AND DATA SUBMITTED TO VA FOR USE IN MONITORING PROGRAM OUTCOMES:

SECTION V: FINANCIAL CAPABILITY AND PLAN

Exhibit III below must also be provided in the Microsoft Excel template. In scoring the application, VA will award up to 15 points based on the applicant's responses to questions contained in this section.

A. ORGANIZATIONAL FINANCES

1. DESCRIBE FINANCIAL CONTROLS IN PLACE TO ENSURE THAT PROGRAM FUNDS ARE USED APPROPRIATELY. USING THE TEMPLATE, PROVIDE A DETAILED ONE-YEAR PROGRAM BUDGET THAT IS ITEMIZED ON A QUARTERLY BASIS. INCLUDE A DETAILED DESCRIPTION OF EACH OF THE LINE ITEMS CONTAINED IN THE BUDGET NARRATIVE TEMPLATE AND THE UNDERLYING ASSUMPTIONS ASSOCIATED WITH EACH LINE-ITEM AMOUNT:

2. SPECIFY ALL SOURCES OF FUNDS TO BE USED TO OPERATE THE PROPOSED PROGRAM. IDENTIFY EACH SOURCE IN A SEPARATE LINE ITEM AND THE STATUS OF THE FUNDING, WHETHER THE FUNDING IS REQUESTED, COMMITTED, OR RECEIVED:

B. FINANCIAL FEASIBILITY OF PROGRAM

1. DESCRIBE THE APPLICANT PLAN FOR OBTAINING ALL FUNDING REQUIRED TO OPERATE THE PROGRAM FOR THE TIME PERIOD OF THE SUICIDE PREVENTION SERVICES GRANT; AND WHETHER THE APPLICANT'S PROGRAM IS COST-EFFECTIVE AND CAN BE EFFECTIVELY IMPLEMENTED ON-BUDGET:

SECTION VI: AREA LINKAGES AND RELATIONSHIPS

In scoring the application, VA will award up to 10 points based on the applicant's responses to questions contained in this section.

A. AREA LINKAGES

1. PROVIDE EVIDENCE OF ESTABLISHED LINKAGES (e.g., *MOUS* or *letters of support*) WITH THE FEDERAL GOVERNMENT (including *VA*), STATE, LOCAL OR TRIBAL GOVERNMENTAL AGENCIES, OR PRIVATE ENTITIES FOR THE PURPOSES OF PROVIDING ADDITIONAL SERVICES TO PARTICIPANTS. APPLICANT MAY ALSO INCLUDE A PLAN TO ESTABLISH SUCH LINKAGES FOR THE PURPOSES OF PROVIDING ADDITIONAL SERVICES TO PARTICIPANTS:

2. PROVIDE EVIDENCE OF THE APPLICANT'S, AND ANY IDENTIFIED COMMUNITY PARTNERS', CURRENT AND/OR PLANNED COORDINATION AND OUTREACH WITH STATE AND/OR COUNTY (*parish*) VETERANS' AFFAIRS DEPARTMENTS/AGENCIES:

3. PROVIDE EVIDENCE OF THE APPLICANT'S, AND ANY IDENTIFIED COMMUNITY PARTNERS', CURRENT COORDINATION, AND OUTREACH WITH FEDERAL VA HEALTHCARE FACILITIES IN THE GEOGRAPHIC AREA WHERE SERVICES WILL BE PROVIDED. IF MORE THAN ONE VA HEALTHCARE FACILITY, LIST NAME AND LOCATION OF ALL AND PROVIDE EVIDENCE FOR EACH:

B. PAST WORKING RELATIONSHIPS

1. DESCRIBE THE APPLICANT'S (*or applicant's staff's*), AND ANY IDENTIFIED COMMUNITY PARTNERS' (*or any community partner's staff*), SUCCESSFUL PAST WORKING RELATIONSHIPS WITH PUBLIC AND/OR PRIVATE INSTITUTIONS PROVIDING SERVICES TO VETERANS AND/OR INDIVIDUAL AT RISK OF SUICIDE. PROVIDE THE NAME OF EACH INSTITUTION AND THE NATURE AND DATES OF THE RELATIONSHIPS, INCLUDING MEASURABLE BENEFITS AND POSITIVE OUTCOMES FROM THOSE RELATIONSHIPS. INCLUDE EVIDENCE (e.g., *MOUS* or *letters of support*) IF PAST WORKING RELATIONSHIPS WILL BE REINSTITUTED FOR THE PROPOSED PROGRAM:

C. LOCAL PRESENCE AND KNOWLEDGE

1. PROVIDE EVIDENCE OF KNOWLEDGE OF AND PRESENCE IN THE AREA OR COMMUNITY IN WHICH THE PROPOSED PROGRAM WILL BE OPERATED:

D. INTEGRATION OF LINKAGES AND PROGRAM CONCEPT

1. DESCRIBE HOW LINKAGES TO THE LOCAL AREA OR COMMUNITY ARE EXPECTED TO ENHANCE THE EFFECTIVENESS OF THE PROPOSED PROGRAM AND THE PROVISION OF SUICIDE PREVENTION SERVICES TO PARTICIPANTS:

SECTION VII: APPLICANT CERTIFICATIONS AND ASSURANCES

The following items require a single certification on the following page by an authorized representative of the applicant requesting a suicide prevention services grant. The list below should be included in the application packet with responses attached and numbered to correspond to the relevant item. VA may require that applicants provide documentation of these certifications.

- 1. Compliance** Applicant assures that the applicant and any community partners will comply with all requirements of 38 CFR Part 78, the suicide prevention services grant agreement, and other applicable Federal, State, and local laws and regulations, including Federal civil rights laws. If the applicant intends to request waivers to any requirements included in the preceding citation, please explain.
- 2. Accuracy of Application Information** All information submitted with this application is accurate, and does not contain any false, fictitious, or fraudulent statement or entry.
- 3. Non-Delinquency** The applicant further certifies that the applicant is not currently in default or delinquent on any debtor loans provided or guaranteed by the Federal Government.
- 4. Debarment** The applicant further certifies that the applicant has not been in the preceding three years: a) debarred, suspended or declared ineligible from participating in any Federal program; b) formally proposed for debarment, with a final determination still pending; c) voluntarily excluded from participation in a Federal transaction; or d) indicted, convicted, or had a civil judgment rendered against it for any of the offenses listed in the Regulations Governing Debarment and Suspension (Government wide Nonprocurement Debarment and Suspension Regulations: 49 CFR Part 29).
- 5. Reports and Record Retention** If this suicide prevention services grant is awarded, applicant assures that any and all reports required by VA will be made available in such form and contain such information as VA may require. Applicant further assures that upon demand, VA has access to the records upon which such information is based.
- 6. Fiscal Control** If this suicide prevention services grant is awarded, applicant assures that it will establish and maintain such procedures for fiscal control and fund accounting as may be necessary to ensure proper disbursement and accounting with respect to the suicide prevention services grant.
- 7. Civil Rights** Applicant certifies that this program will comply with all provisions of Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.). If applicant does not certify this, applicant has provided information explaining any exceptions to this certification.
- 8. Lobbying** The undersigned certifies, to the best of their knowledge and belief, that:
 - a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
 - b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit 15 Standard Forms LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
 - c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

By submitting this application, the applicant certifies that the facts stated and the certifications and representations made in this application are true, to the best of the applicant's knowledge and belief after due inquiry, and that the applicant has not omitted any material facts. The undersigned is an authorized representative of the applicant.

APPLICANT:	SIGNATURE:	DATE (MM/DD/YYYY)

NAME AND TITLE:

SECTION VIII: REFERENCES FOR CITATIONS

All literature that has been cited needs to be listed as a reference here and correspond via a numbering system for identifying the location within the document of the in text cite.

EXHIBIT III: APPLICANT BUDGET TEMPLATE (Microsoft Excel File)

In response to application Section D, question 1.a), applicants are required to provide a detailed one-year program budget that itemizes on a quarterly basis the suicide prevention services and administrative costs associated with the proposed program. A detailed narrative must accompany the program budget.

The one-year program budget must be completed in the Microsoft Excel template provided. Instructions on the use of this template are as follows:

Overview

The Microsoft Excel Applicant Budget Template contains two separate “worksheets” or “tabs.” Applicants are required to complete both tabs. Tab 1 consists of a quarterly break down of projected use of SSG Fox SPGP grant funds. Tab 2 consists of a narrative of total program costs.

Applicant Quarterly SSG Fox SPGP Grant Funds Budget

General

- a. Applicant is responsible for filling in yellow cells only.
- b. All non-yellow cells are locked and populate automatically.

Provision and Coordination of Suicide Prevention Services (Total must be a minimum of 90% of the total SSG Fox SPGP Grant Amount)

- a. Personnel/Labor (Note: The spreadsheet will spread these costs evenly across all quarters. If the applicant does not anticipate an even spread of costs, this should be explained in the narrative.):
 - Title and Organization -input the titles of all SSG Fox SPGP-funded personnel (e.g., Program Director, Case Manager, Peer Specialist, etc.) and the organization at which they are or will be employed (i.e., list applicant organization or team member organization name as applicable).Add additional lines to the spreadsheet as necessary.
 - # of Full-Time Employees (FTE) - input the number of FTE who will hold the specified title at the specified organization
 - % FTE - input the percentage of time the staff member will devote to the SSG Fox SPGP-funded program (e.g., full-time staff would be shown at 100%,while part time specified by relevant percent)
 - Base Annual Salary / Wage - input the annual salary of the specified personnel, assuming full-time employment
 - Fringe Benefits - cost of fringe benefits as a percentage of annual salary (if any)
- b. Temporary Income Support Services: Input the estimated cost of temporary income support services which includes time-limited payments to third parties for childcare, transportation and suicide prevention stability funds.
- c. Other Non-Personnel Provision and Coordination of Suicide Prevention Services Expenses: List any other expenses related to the provision and coordination of suicide prevention services expenses in this section and the quarterly costs associated with those expenses.
- d. Lease & Maintenance of Vehicle(s): Per 38 CFR 78.70(d)(2), if public transportation options are not sufficient within an area or community, costs related to the lease of vehicle(s) may be included in the application. Specify the number of vehicles to be leased and the cost per quarter associated with these vehicles. NOTE: Costs related to the lease of vehicle(s) may be included in a suicide prevention services grant application if the applicant or grantee agrees that:
 - (i) the vehicle(s) will be safe, accessible, and equipped to meet the needs of participants;
 - (ii) the vehicle(s) will be maintained in accordance with the manufacturer’s recommendations; and
 - (iii) all transportation personnel (employees and community partners) will be licensed, insured, and trained in managing any special needs of participants and handling emergency situations.

Administrative Expenses (Total cannot exceed 10% of total SSG Fox SPGP Grant Amount)

List all administrative expenses and the quarterly costs associated with each expense. Per 38 CFR 78.140(d) administrative expenses are defined as all costs associated with the management of the program. These costs will include the administrative costs of community partners.

Applicant Budget Narrative

The budget workbook includes a budget narrative template linked to the budget. Applicants are expected to provide a detailed narrative justification/explanation for all line items listed in budget.