



APPLICATION Public Safety Grant for Behavioral Health in Williams County

Grant Program Overview

The Williams County Board of County Commissioners (BOCC) is pleased to make available a total of \$1.0 (one) million dollars in one-time grants for the purposes of adding, enhancing, and increasing behavioral health services in Williams County.

Applications must be emailed by 5 pm (CDT) on Tuesday, March 16th to lindseyh@co.williams.nd.us

Applications must be completed in their entirety to be eligible for consideration.

Awards will be announced during the April 6, 2021, Williams County Board of County Commissioners Meeting and awardees will be notified after the meeting.

Applicant Requirements

- Must be a behavioral health service provider, an organization that provides services conducted by one or more behavioral health service providers, or a provider or organization that plans to offer behavioral health services
- Must be registered or licensed to conduct business in the state of North Dakota
- Must serve, or plan to serve, clients in Williams County
- Must be able to enter into agreement with Williams County, subject to terms and conditions acceptable to Williams County, to receive and expend the funds
- Ability to accept electronic transfers is preferred

One application is permitted per behavioral health service provider or organization. The application may contain several types of expenses and the total amount requested in any application **may not exceed \$500,000.**

Accountability and Demonstrated Impact

Within 3 months, 6 months, and 12 months of receipt of funds, the awardee must provide a statement to the BOCC explaining the impact the funds have had on the awardee's ability to add, increase, or enhance behavioral health services in Williams County. A template for this report will be provided to the awardees.

Grant Award Details

Any grant of money must be for a public purpose. A public purpose has as its objective the promotion of the public health, safety, morals, general welfare, security, prosperity, and contentment of all inhabitants or residents within the County.

Below is a list of acceptable and unacceptable uses for the grant funds. Any category not specifically listed under acceptable uses may still be eligible for a grant award, but the decision to include the category will be at the discretion of the BOCC.

Categories of Acceptable Uses of Grant Funds

- Payment or salary for staff that helps to add, increase, or enhance behavioral health services provided to adolescents and/or adults in Williams County
- Software or technology to add, increase, or enhance telemedical services
- Acquisition of physical office space (for rent or purchase) in Williams County for providing behavioral health services
- Fees or tuition for attendance of behavioral health-related training or continuing education that will enable the behavioral health provider or organization to add, increase, or enhance behavioral health services
- Delivery of educational programs or materials providing information about behavioral health, such as stigma, suicide prevention, anger management, or addiction
- Transportation or transportation service payments to increase access to behavioral health services

Categories of Unacceptable Uses of Grant Funds

- Expenses related to behavioral health services that the behavioral health provider or organization is already incurring or has already incurred
- Office furniture or appliances
- Office décor or interior design
- Equipment that is not directly related to delivering behavioral health services in Williams County
- Fuel

Distribution of Grant Funds to Awardees

- Expenses can be incurred over a multi-year period, subject to approval by the BOCC. Any grant funds not disbursed to awardee by December 31, 2021 for expenses that were expected to be, or actually, incurred in 2021 will be redistributed by the BOCC for behavioral health grants or for distribution or disposition by any other purpose of Williams County.
- Grant funds will be disbursed as expenses are incurred with the exception of awards to be used for construction, purchase of a facility, rent, or personnel compensation. For any other type of expense, funds will only be disbursed to the awardee upon delivery of an itemized invoice for expenses and written proof of payment (e.g. copy of check or receipt) to Williams County.
- Grant funds to be used for construction, purchase of a facility, rent, or personnel compensation may be paid out prior to the expense being incurred; timeframe will be specifically defined in the written agreement between the awardee and Williams County.
- Within one week of receipt of grant funds, the awardee must send an itemized invoice for the expense, along with written proof of payment of the expense by the awardee (such as an invoice from the vendor or a payroll report) that can be tied back to the original expense, or the funds will be required to be refunded to the County.
- Grant funds will be disbursed by Williams County in the same manner as vendors are paid.

WILLIAMS COUNTY PUBLIC SAFETY GRANT APPLICATION

for Behavioral Health Grants

Note: Application becomes a public record once submitted to Williams County

DATE OF APPLICATION: _____

BACKGROUND INFORMATION

APPLICANT PROVIDER/ORGANIZATION: _____

BUSINESS ADDRESS: _____

CONTACT PERSON: _____

CONTACT PERSON TITLE: _____

DAYTIME PHONE: _____

CELL PHONE: _____

EMAIL: _____

DESCRIPTION OF BEHAVIORIAL HEALTH PROVIDER OR ORGANZIATION:

Name of Organization: _____

What ages do you serve? _____

Do you accept Medicaid? Yes No **Do you accept private insurance?** Yes No

Do you accept individuals that do not have insurance? Yes No

How long has the organization been in business? _____

Please describe the behavioral health services you currently provide:

Other information you would like to provide:

GRANT REQUEST INFORMATION

DESCRIPTION OF PROJECT OR EXPENSE FOR WHICH GRANT IS BEING REQUESTED:

Please be as detailed as possible to fully describe how the grant funds would be used to add, increase, or enhance behavioral health services for the citizens of Williams County. If the grant funds would be used as supplemental funding, please provide a description about the entire project and include what other funding sources, if any, you have sought or anticipate receiving.

WILL THE REQUESTED FUNDS BE EXPENDED OVER A MULTI-YEAR PERIOD?

YES

NO

Please describe how the funds will be expended over a multi-year period and what this period is anticipated to be.

STATEMENT DESCRIBING HOW SERVICES WILL BE MARKETED IN WILLIAMS COUNTY:

An important element of providing services is also letting the community know how they can access them. Please provide a brief summary of how you will promote, advertise, and create awareness about your behavioral health services (e.g. social media, school presentations, website, etc.).

ITEMIZATION OF EXPENSES FOR WHICH GRANT IS BEING REQUESTED:

Item categories: Equipment, Personnel, Space (rent), Space (purchase), Other

Item Category	Item Description	Estimated Item Amount	Estimated date of purchase
Total			

TOTAL PROJECT/EXPENSE COST *(including other funding sources):* \$ _____

AMOUNT REQUESTED FROM WILLIAMS COUNTY: \$ _____

IF THIS GRANT REQUEST IS ONLY PARTIALLY FUNDED, WILL THE EFFORT STILL BE SUCCESSFUL?

If no, please provide an explanation below.

YES

NO

ADDITIONAL INFORMATION ABOUT EXPENSES:

If you need to provide any additional information or explanation about the expenses listed above, please do so below.

**RECOMMENDATION FROM
BEHAVIORAL HEALTH GRANT APPLICATION REVIEW COMMITTEE**

RECOMMENDATION TO APPROVE ____ / DISAPPROVE ____

IF APPROVED, RECOMMENDED AWARD: \$ _____

ADDITIONAL COMMENTS:

By: Chairman

Printed Name: _____
Behavioral Health Grant Application Review Committee

Date

ACTION BY WILLIAMS COUNTY

Williams County agrees to make a grant of money to Behavioral Health Provider _____
in the amount of \$_____ for the herein described project/expense.

By: Steve Kemp, Chairman
Williams County Board of County Commissioners

Date

ATTEST: _____
Beth M. Innis, Williams County Auditor

Date

INTERNAL USE ONLY

GRANT # _____

FUNDING ACCOUNT # _____