Funding Opportunity for Behavioral Health Providers Impacted by COVID-19

**Overview**:

This funding opportunity is intended to support behavioral health providers serving Pierce County residents during COVID-19 crisis and recovery. Applicants should demonstrate a clear commitment to addressing whole person health and to building programs, processes, and systems that continue to support whole person health beyond the grant period. Up to $1.5 million of CARES Act funding from [Pierce County](mailto:https://www.co.pierce.wa.us/) is being made available for behavioral health providers. Providers may apply for a maximum of $250,000.

**Submission Instructions:**

Please answer each question specified in the application. Responses to each question should not exceed 400 words.

**Submission Deadline:**

5:00pm on June 19, 2020

**Submission Format:**

Please email your submission as a pdf file to [info@onepierce.org](mailto:info@onepierce.org) for consideration.

**Informational Webinar:**

In advance of the application due date, OnePierce will be hosting a webinar via Zoom at 1:00 – 2:00 P.M. on Wednesday, June 17, 2020. During the call, the host will walk through the application process and address any questions.

**Decision Timeline:**

Decisions will be made by June 29, 2020. Successful applicants will be notified of their award amount and instructions for receiving the money transfer. Awardees will be required to enter into a Binding Letter of Agreement with terms and conditions.

Application for Funding

**Organization Name:**

**Organization Contact Name:**      

**Email:**

**Grant Conditions:**

Please check the boxes to acknowledge criteria. Note that all three criteria must be met to qualify for funding.

Eligible applicants are Pierce County behavioral health providers addressing the behavioral health needs arising during the COVID-19 crisis and recovery periods.

If awarded, funds must not supplant federal or nonfederal grants appropriated for the same purpose.

If awarded, funds must be spent by December 31, 2020.

**1. Transition of Services Explanation:**

What services does your organization offer, and what steps have you taken to meet community and client needs during the COVID-19 crisis?

**2. Use of Funding:**

How will funding be used to meet the needs of clients suffering from COVID-related behavioral health concerns?

**3. Alignment with Social Determinants of Health:**

How does your organization address social determinants of health in addition to the clinical needs of clients? Do you partner with support organizations or utilize care coordinators to assess whole person health needs?

**4. Commitment to Health Equity:**

How do your programs support vulnerable populations and promote equitable health?

**5. Number of Clients Served:**

How many clients will be served through this funding? If this information is not applicable, how many clients do you serve each month and what impact would this funding have on your ability to serve clients?

**6. Budget Table:**

What is your funding request and what would the funding be used for? Please note that the maximum dollars available for this application is $250,000. There is no minimum amount.

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| **Budget Item** | **Amount** | **Explanation** |
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| *Add extra rows as required* |  |  |
| **Total Requested** |  |  |

**7. Certification:**

By signing below, I certify all information is true and correct to the best of my knowledge and agree that if the application is approved, the funds will be used towards our COVID-19 response.

**Signature of Applicant:**

**Date:**