

# County of Somerset New Jersey

PO Box 3000  
COUNTY ADMINISTRATION BUILDING  
SOMERVILLE, NJ 08876-1262

PURCHASING DIVISION  
KAREN L. MCGEE, QPA  
*Purchasing Agent*



PHONE: 908-231-7053  
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## NOTICE OF RFA

### TO SUBMIT APPLICATIONS FOR FUNDING FOR MUNICIPAL ALLIANCE AFFILIATION AGREEMENTS

The County of Somerset is soliciting proposals through a fair and open process in accordance with N.J.S.A. 19:44A-20.4 et seq. for the Request for Application (RFA) in response to a Letter of Funding Intent for 2019-2020 issued by the Governor's Council on Alcoholism and Drug Abuse for a government to government application. Proposals are accepted and will be forwarded to Governor's Council on Alcohol and Drug Abuse (GCADA) for final decisions.

Sealed responses will be received by the Purchasing Office on December 20, 2018 at 2:30 P.M., 20 Grove Street 3<sup>rd</sup> Floor, Somerville, New Jersey 08876 at which time and place responses will be opened and read for:

### **Municipal Alliance Strategic Planning Funding CONTRACT #: CY-COM-0007-19**

Specifications and instructions may be obtained on the County Website, [www.co.somerset.nj.us](http://www.co.somerset.nj.us).\*

\*RFA Addenda will be issued on the website. Therefore, interested respondents should check the website from now through RFP opening. It is the sole responsibility of the respondent to be knowledgeable of all addenda related to this procurement.

Karen L. McGee, QPA –Purchasing Agent  
Date Advertised: November 15, 2018

## 1. Introduction

Somerset County Human Services Department is seeking requests for application to provide funding only for eligible, established Municipal Alliance Committees (MAC) within Somerset County to provide substance abuse prevention interventions/programs through the funding provided by the Governor’s Council on Alcoholism and Drug Abuse (GCADA) to Somerset County. (Scope of Work A). The estimated funding and matching requirements per Municipal Alliance committee is on Attachment A.

Respondents must complete the Municipal Alliance to Prevent Alcoholism and Drug Abuse Request for Application (RFA), Grant application update as presented here from the State Governor’s Council on Alcoholism and Drug Abuse 2014-2020.

(<http://gcada.nj.gov/alliance/forms/>).

Grant funds are for the projected funding period of July 1, 2019 to June 30, 2020.

## 2. Administrative Conditions and Requirements

The following items express the conditions and requirements of this RFA. Together with the other RFA sections, they apply to the RFA process, the subsequent contract, and project production. Any proposed change, modification, or exception to these conditions and requirements may be the basis for the County of Somerset, hereinafter referred to as owner, to determine the proposal as non-responsive to the RFA and will be a factor in the determination of an award of a contract. The contents of the proposal of the successful respondent, as accepted by the owner, will become part of any contract awarded as a result of this RFA.

### 2.1 Schedule

The dates established for respondent proposals, proposal review, selection and project initiation are:

1	Release of RFA	November 15, 2018 - (Website)
2	Questions and Clarifications Due	December 1, 2018
3	Final Interpretation and Addenda Issued	December 10, 2018
4	Application Due Date	December 20, 2018
5	Evaluation Completed	January 2019
6	County Alliance Steering Subcommittee (CASS)	January 2019
7	Local Advisory Council on Alcoholism & Drug Abuse (LACADA)	January 2019
8	Governing Body Action	February 2019
9	Review for approval by GCADA	May 2019
10	Contract Execution and Project Initiation	July 1, 2019 / Dependent upon GCADA Approval

## 2.2 Proposal Submission Information

Submission Date and Time: **December 20, 2018 at 2:30 P.M.**

One (1) Original & Five (5) copies and One (1) copy on CD .pdf format or Flash Drive of the RFP Response. One (1) Copy of Audit (i.e. 3 ring binders –or – elaborate binding is undesirable and unnecessary, etc.)

Applicants may be requested to attend a CASS/LACADA Proposal Review Committee meeting to discuss the details of the programs requested.

### **Submission Office:**

Somerset County Purchasing Department  
County Administration Building 3<sup>rd</sup> Floor  
20 Grove Street  
Somerville, NJ 08876

### **Mailing Address:**

Somerset County  
Purchasing Department  
PO Box 3000  
Somerville, NJ 08876-1262

Clearly mark the submittal package with the title of this Request for Application and the name of the responding firm, addressed to the Somerset County Purchasing Department, County Municipal Alliance Coordinator. The original proposal shall be marked to distinguish it from the five (5) copies.

Only those RFA responses received prior to or on the submission date and time will be considered. Responses delivered before the submission date and time specified above may be withdrawn upon written application of the respondent who shall be required to produce evidence showing that the individual is or represents the principal or principals involved in the proposal.

## 2.3 Using Department Information

Somerset County  
Office of Operations & Planning (Municipal Alliance Coordinator)

## 2.4 County Representative for this Solicitation

Please direct all questions in writing to:

Karen McGee, Purchasing Agent  
Somerset County Purchasing Department  
Voice: 908-231-7053  
Fax: 908-575-3917  
Email: [purchasingdiv@co.somerset.nj.us](mailto:purchasingdiv@co.somerset.nj.us)

## **2.5 Interpretations and Addenda**

Respondents are expected to examine the Request for Application with care and observe all its requirements. All questions about the meaning or intent of this RFA, all interpretations and clarifications considered necessary by the owner's representative in response to such comments and questions will be issued by Addenda and posted on the Somerset County website. Only comments and questions responded to by formal written Addenda will be binding. Oral interpretations, statements or clarifications are without legal effect.

## **2.6 Cost Liability and Additional Costs**

The owner assumes no responsibility and liability for costs incurred by the respondents prior to the issuance of an agreement. The liability of the owner shall be limited to the terms and conditions of the contract.

Respondents will assume responsibility for all costs not stated in their proposals. All unit rates either stated in the proposal or used as a basis for its pricing are required to be all-inclusive. Additional charges, unless incurred for additional work performed by request of the owner as noted in the above paragraph, are not to be billed and will not be paid.

## **2.7 Statutory and Other Requirements**

### **2.7.1 Compliance with Laws**

Any contract entered into between the contractor and the owner must be in accordance with and subject to compliance by both parties with the New Jersey Local Public Contracts Law. The Municipal Alliance must agree to comply with the non-discrimination provisions and all other laws and regulations applicable to the performance of services there under.

### **2.7.2 Americans with Disabilities Act of 1990**

Discrimination on the basis of disability in contracting for the delivery of services is prohibited. Respondents are required to read American with Disabilities language that is part of the documents attached hereto and agree that the provisions of Title II of the Act are made part of the contract. The contractor is obligated to comply with the Act and hold the owner harmless.

### **2.7.3 Insurance and Indemnification**

If it becomes necessary for the contractor, either as principal or by agent or employee, to enter upon the premises or property of the owner in order to construct, erect, inspect, make delivery or remove property hereunder, the contractor hereby covenants and agrees to take use, provide and make all proper, necessary and sufficient precautions, safeguards, and protection against the occurrence of happenings of any accident, injuries, damages, or hurt to person or property during the course of the work herein covered and be his/her sole responsibility.

The contractor further covenants and agrees to indemnify and save harmless the owner from the payment of all sums of money or any other consideration(s) by reason of any, or all, such accidents, injuries, damages, or hurt that may happen or occur upon or about such work and all fines, penalties and loss incurred for or by reason of the violation of any owner regulation, ordinance or the laws of the State, or the United States while said work is in progress.

The contractor shall maintain sufficient insurance to protect against all claims under Workers Compensation, General Liability and Automobile and shall be subject to approval for adequacy of protection and certificates of such insurance shall be provided.

**A. Insurance Requirements:**

**Worker's Compensation and Employer's Liability Insurance**

This insurance shall be maintained in full force during the life of this contract by the contractor covering all employees engaged in performance of this contract pursuant to N.J.S.A. 34:15-12(a) and N.J.A.C. 12:235-1.6. Minimum Employer's Liability \$1,000,000.00.

**General Liability Insurance**

This insurance shall have limits of not less than \$3,000,000.00 any one person and \$3,000,000.00 any one accident for bodily injury and \$3,000,000.00 aggregate for property damage, and shall be maintained in force during the life of the contract.

**Automobile Liability Insurance**

This insurance covering contractor for claims arising from owned, hired and non-owned vehicles with limits of not less than \$3,000,000.00 any one person and \$3,000,000.00 any one accident for bodily injury and \$3,000,000.00 each accident for property damage, shall be maintained in force during the life of this contract by the contractor.

**B. Certificates of the Required Insurance**

Certificates as listed above shall be submitted along with the contract as evidence covering Comprehensive General Liability, Comprehensive Automobile Liability, and where applicable, necessary Worker's Compensation and Employer's Liability Insurance. Such coverage shall be with acceptable insurance companies operating on an admitted basis in the State of New Jersey.

The contractor shall provide the County with a Certificate of Insurance naming the County as additionally insured, evidencing the existence of required insurance prior to the commission of work. Said insurance must include coverage for complete operations, contractual insurance and independent contractor or subcontractor insurance, where and if applicable.

Self-insured contractors shall submit an affidavit attesting to their self-insured coverage and shall name the owner as an additional insured.

Somerset County will not accept Mutual Limitation of Liability terms.

**C. Indemnification**

Successful respondent shall indemnify and hold harmless the owner from all claims, suits or actions and damages or costs of every name and description to which the owner may be subjected or put by reason of injury to the person or property of another, or the property of the owner, resulting from negligent acts or omissions on the part of the respondent, the respondent's agents, servants or subcontractors in the delivery of goods and services, or in the performance of the work under the contract.

## **Professional Liability/Malpractice Insurance Policy (if applicable)**

Coverage in the amount of \$1,000,000.00/occurrence, \$3,000,000.00 aggregate and assurance that each such policy for each staff member remains full and in effect while providing services for Somerset County (identify division).

### **2.7.4 HIPAA**

Both parties agree to comply with all requirements of the Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") as maybe amended from time to time, and the corresponding HIPAA regulations for the confidentiality and security of medical information.

The Respondent shall:

- Not use or disclose protected health information other than as permitted or required by law
- Use appropriate safeguards to protect the confidentiality of the information
- Report any use or disclosure not permitted

The respondent, by execution of the contract, shall thereby indemnify and hold the owner harmless from any and all liabilities, claims, actions, costs and penalties which may be incurred as the result of the failure of the contractor to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) or any other statute or case law protecting the privacy of persons using its services.

### **2.8 Subcontractors**

Subcontractors may be required due to the nature of your proposed program. Respondents must include specific program and fiscal details for any and all services they intend to subcontract for their response to the Request for Application, including all relevant forms needing to be completed and submitted for any and all subcontracts.

### **2.9 Failure to Enter Contract**

Should the respondent, to whom the contract is awarded, fail to enter into a contract within ten (10) days, Sundays and holidays excepted, the owner may then, at its option, accept the proposal of another respondent.

### **2.10 Commencement of Work**

The respondent agrees to commence work after the date of award by the County.

## **2.11 Termination of Contract**

If, through any cause, the Municipal Alliance shall fail to fulfill in a timely and proper manner obligations under the Agreement or if the Municipal Alliance violates any requirements of the Agreement, the owner shall thereupon have the right to terminate the Contract by giving written notice to the Municipal Alliance of such termination at least thirty (30) days prior to the proposed effective date of the termination. Such termination shall relieve the owner of any obligation for the balances to the Municipal Alliance of any sum or sums set forth in the Agreement.

The Municipal Alliance agrees to indemnify and hold the owner harmless from any liability to subcontractors/suppliers concerning payment for work performed or goods supplied arising out of the lawful termination of the Agreement by the owner under this provision.

## **2.12 Non-Allocation of Funding Termination**

Fiscal year payment obligation of the Owner is conditioned upon the availability of Owner funds appropriated or allocated for the payment of such an obligation. If funds are not allocated and available for the continuance of any services performed by the Municipal Alliance hereunder, whether in whole or in part, the Owner at the end of any particular fiscal year may terminate such services. The Owner will notify the Municipal Alliance in writing immediately of any services that will be affected by a shortage of appropriated funds. This provision shall not be construed so as to permit the Owner to terminate this Agreement during the term, or any service hereunder, merely in order to acquire identical services from a third party contractor.

## **2.13 Ownership of Material**

The owner shall retain all of its rights and interest in any and all documents and property both hard copy and digital furnished by the owner to the Municipal Alliance for the purpose of assisting the Municipal Alliance in the performance of this contract. All such items shall be returned immediately to the owner at the expiration or termination of the contract or completion of any related services, pursuant thereto, whichever comes first. None of the documents and/or property shall, without the written consent of the owner, be disclosed to others or used by the contractor or permitted by the Municipal Alliance to be used by their parties at any time except in the performance of the resulting agreement.

Ownership of all data, materials and documentation originated and prepared for the owner pursuant to this contract shall belong exclusively to the owner. All data, reports, computerized information, programs and materials related to this project shall be delivered to and become the property of the owner upon completion of the project. The Municipal Alliance shall not have the right to use, sell, or disclose the total of the interim or final work products, or make available to third parties, without the prior written consent of the owner. All information supplied to the owner may be required to be supplied on CD-ROM media compatible with the owner's computer operating system: i.e. windows based, Microsoft Office Suite 2007 or greater.

## 2.14 Source of Specifications/RFA Packages

Official County Request for Application (RFA) packages for funding are available from [www.co.somerset.nj.us](http://www.co.somerset.nj.us) at no cost to the prospective respondents. All addenda are posted on this site. Potential respondents are cautioned that they are responding at their own risk if a third party supplied the specifications that may or may not be complete. The County is not responsible for third party supplied RFA documents.

## 2.15 Altering Official Document

Respondents shall not write in any margins or alter the official content of Somerset County RFA document.

### 3. Scope of Work

- A) The following is the amount of Drug Enforcement Demand Reduction (DEDR) each Municipal Alliance may apply for and the amount of CASH Match and In-Kind Match required by the municipality: (This is also included as Attachment A)

Municipality	DEDR	Cash Match 25%	In-Kind Match 75%	Total Match	Total MAC
Bernards	\$19,038.04	\$4,759.51	\$14,278.53	\$19,038.04	\$38,076.08
Bedminster <sup>1</sup>	\$9,259.95	\$2,314.99	\$6,944.96	\$9,259.95	\$18,519.90
Bernardsville <sup>1</sup>	\$8,398.56	\$2,099.64	\$6,298.92	\$8,398.56	\$16,797.12
Far Hills <sup>1</sup>	\$969.06	\$242.26	\$726.80	\$969.06	\$1,938.12
Peapack/Gladstone <sup>1</sup>	\$2,907.19	\$726.80	\$2,180.39	\$2,907.19	\$5,814.38
Bridgewater <sup>2</sup>	\$28,966.60	\$7,241.65	\$21,724.95	\$28,966.60	\$57,933.20
Raritan <sup>2</sup>	\$7,241.65	\$1,810.41	\$5,431.24	\$7,241.65	\$14,483.30
Franklin	\$42,483.25	\$10,620.81	\$31,862.44	\$42,483.25	\$84,966.50
Hillsborough <sup>3</sup>	\$25,661.45	\$6,415.36	\$19,246.08	\$25,661.44	\$51,322.89
Millstone <sup>3</sup>	\$2,775.04	\$693.76	\$2,081.29	\$2,775.05	\$5,550.09
Manville	\$9,627.05	\$2,406.76	\$7,220.29	\$9,627.05	\$19,254.10
Montgomery <sup>4</sup>	\$16,778.04	\$4,194.51	\$12,583.53	\$16,778.04	\$33,556.08
Rocky Hill <sup>4</sup>	\$2,922.12	\$730.53	\$2,191.59	\$2,922.12	\$5,844.24
North Plainfield	\$15,459.02	\$3,864.75	\$11,594.27	\$15,459.02	\$30,918.04
Somerville	\$11,029.36	\$2,757.34	\$8,272.02	\$11,029.36	\$22,058.72
Bound Brook <sup>5</sup>	\$9,530.17	\$2,382.54	\$7,147.62	\$9,530.16	\$19,060.33
South Bound Brook <sup>5</sup>	\$5,246.50	\$1,311.63	\$3,934.88	\$5,246.51	\$10,493.01
Warren <sup>6</sup>	\$11,415.13	\$2,853.78	\$8,561.35	\$11,415.13	\$22,830.26
Watchung <sup>6</sup>	\$6,205.20	\$1,551.31	\$4,653.90	\$6,205.21	\$12,410.41
Green Brook <sup>6</sup>	\$6,242.41	\$1,560.60	\$4,681.81	\$6,242.41	\$12,484.82
<b>Total</b>	<b>\$242,155.79</b>	<b>\$60,538.94</b>	<b>\$181,616.86</b>	<b>\$242,155.80</b>	<b>\$484,311.59</b>

Combined MACs	DEDR	Cash Match 25%	In-Kind Match 75%	Total Match	Total MAC
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Somerset Hills <sup>1</sup>	\$21,534.76	\$5,383.69	\$16,151.07	\$21,534.76	\$43,069.52
Bridgewater-Raritan <sup>2</sup>	\$36,208.25	\$9,052.06	\$27,156.19	\$36,208.25	\$72,416.50
Hillsborough-Millstone <sup>3</sup>	\$28,436.49	\$7,109.12	\$21,327.37	\$28,436.49	\$56,872.98
Montgomery-Rocky Hill <sup>4</sup>	\$19,700.16	\$4,925.04	\$14,775.12	\$19,700.16	\$39,400.32
South Bound Brook-Bound Brook <sup>5</sup>	\$14,776.67	\$3,694.17	\$11,082.50	\$14,776.67	\$29,553.34
Watchung Hills <sup>6</sup>	\$23,862.74	\$5,965.69	\$17,897.06	\$23,862.75	\$47,725.49

**\*\*Exact amounts are required by GCADA. Do not adjust up or down.**

To apply for Municipal Alliance Committee (MAC) funding the application must adhere to all State and County requirements. The GCADA Guidelines for Fiscal Grant Cycle July 2014-2020 are included as Attachment B. The application can be found at the Governor's Council on Alcoholism and Drug Abuse website [www.state.nj.us/treasury/gcada](http://www.state.nj.us/treasury/gcada) under forms.

**As per GCADA:**

**Current Municipal Alliances (those with a current 2018-2019 contract) are required to ONLY submit a grant update using Form 1A, Form 1B/Resolution, and Form 8 (Budget).**

**(This assumes that all interventions/programs in the 2018-2019 application as described on the Form 7s will be the same for 2019-2020. If this is not the case, new Form 7s with a signed Form 8 must be submitted to County Alliance Coordinator for a budget modification *prior to* January 3, 2019).**

**For new Alliances (those who do not have a current contract) please submit a full application (Forms 1A-8).**

The GCADA Fiscal Grant Cycle July 2014-2020 Strategic Plan Instructions and forms needed to apply for funding are included as Attachment F:

- Form 1A-Strategic Plan for Funding Municipal Alliances**
- Form 1B-Municipal Resolution**
- Form 1C-Statement of Assurances**
- Form 1D-Fiscal Requirements**
- Form 2- Alliance Vision and Mission**
- Form 3- Municipal Alliance Membership List**
- Form 4A&B-Logic Model, Logic Model Data Sheet**
- Form 5- Municipal Alliance Capacity Assessment Tool**
- Form 6- Alliance Coordination Plan**
- Form 7- Alliance Action Plan**
- Form 8- Alliance Budget**

The following criteria are applied to be considered for Somerset County MAC funding:

1. Municipality(ies) must have an established MAC in accordance with NJ 26:2BB-1 et seq.

2. The Somerset County Department of Human Services, the Board of Chosen Freeholders and GCADA must accept the MAC request for funding.
3. Each Municipality and/or MAC agrees to on-site monitoring by the Somerset County Department of Human Services, and/or State, at least annually and more if necessary.
4. The MAC must meet all deadlines and provide requested documents as indicated in the State MAC RFA Somerset County Addendum. The MAC must comply with providing required expenditure reports with documentation for reimbursement within required timeframes.
5. The Municipality and/or MAC shall furnish the Department of Human Services with copies of commercial liability insurance, in the amount of one million dollars, and will hold the Somerset County and Department of Human Services harmless from and against all claims, personal injury, or death sustained in connection with the delivery of services by the Municipality MAC and which result directly from any wrongful acts or omission, including negligence or malpractice, of any of its officers, directors, employees, agents, servants or independent contractors.
6. The Municipality(ies) and/or MAC may terminate the agreement by providing the Department of Human Services with 30 days' notice.
7. All locations where services are provided must be identified.
8. The Municipal Alliance Committee meeting, schedule and minutes, days/hours of programs/services must be provided.
9. The contact person for the MAC agreement must be identified.
10. The costs of each level of service must be provided.
11. Each municipality must send a MAC representative to each of the four County Quarterly Alliance Meetings annually.
12. GCADA's logo and an indication of being funded by the Somerset County Board of Chosen Freeholders must be present on all information/publicity for all activities/interventions.
13. Excel reporting forms supplied must be used to submit quarterly reports via email and paper copies signed where indicated with appropriate documentation provided.
14. Municipal employees with fiscal responsibilities should countersign where indicated and all possible perception of conflict of interest needs to be documented. Forms and Resolutions must have the signatures of all mayors/governing bodies involved with an alliance (use as many forms as needed so that there are signatures from every municipality that is represented within an Alliance).
15. All activities/interventions are to occur between the dates of July 1, 2019 and June 30, 2020.



## **4. Proposal Requirements**

### **4.1 Qualification Statement**

A statement is to be provided by the Municipal Alliance who will serve as the primary contact. The statement shall set forth brief details of the firm's principal activities, the number of personnel in the firm and the firm's location. Include the following in your response:

- 1 Name of government agency. (Municipality/Municipalities) - Use Application Form 1A
- 2 Contact person's name, position, and current telephone number. (Municipal Fiscal Reps./MAC Chairpersons/MAC Coordinator) -Use Application Forms 1A
- 3 Dates, Cost, and Scope of Service – Use Application Form 8 (and Form 6 and 7 if costs, or scope of service has changed since 2018-2019 grant submission)

### **4.2 Key Personnel Information**

Use Application Forms 1A (and Form 6 and 7 if personnel has changed since 2018-2019 grant submission)

### **4.3 Proposal Forms**

The following forms are contained in the attachments. All forms are required and shall be completed and made part of the proposal submitted.

1. Proposal Cost/Signature Form (Signed by Lead Mayor or Municipal Fiscal Officer)
2. Acknowledgement of Receipt of Addenda (If necessary)
3. Copy of each Municipal Resolution (use Form 1B) accepting the funding including total award, Cash Match, (25% of award) and In-Kind (75% of award) (for regional MAC's a resolution from each participating municipality is required to be submitted.)

## **5. Evaluation, Review and Selection Process**

### **5.1 Proposals to Remain Subject to Acceptance**

RFA responses shall remain open until approval by the Governor's Council on Alcoholism and Drug Abuse.

RFA's to be reviewed by the County Alliance Steering Committee (CASS) and Local Advisory Council on Alcoholism and Drug Abuse (LACADA) at January 2019 meeting. Approved applications will be included in the 2019-2020 plan and accepted by the Governor's Council on Alcoholism and Drug Abuse (GCADA).

### **5.2 Rejection of Proposals**

The owner reserves the right to reject any or all proposals, or to reject any proposals if the evidence submitted by, or investigation of such respondent fails to satisfy the owner that such respondent is properly qualified to carry out the obligations of the Request for Application and to complete the work contemplated therein. The owner reserves the right to waive any minor informality in the RFA.

### **5.3 Evaluation Process**

An evaluation team will review all proposals to determine if they satisfy the Proposal Requirements, determine if a proposal should be rejected and evaluate the proposals based upon the Evaluation Criteria. The proposals must be reviewed by the County Alliance Steering Subcommittee (CASS) and the Local Advisory Council on Alcoholism & Drug Abuse (LACADA) and subsequently by the Governor's Council on Alcoholism and Drug Abuse (GCADA).

### **5.4 Evaluation Criteria**

The criteria considered in the evaluation of each proposal must meet GCADA requirements completely; including all appropriate signatures and a resolution from each municipal participating and Municipal Alliance. The arrangement of the criteria is not meant to imply order of importance in the selection process. All criteria will be used to select the successful respondent.

#### **5.4.1 Understanding of the Requested Work**

The proposals will be evaluated for general compliance with instructions and requests issued in the RFA. Non-compliance with significant instructions shall be grounds for disqualification of proposals.

#### **5.4.2 Knowledge and Technical Competence**

This includes the ability of the respondent to perform all of the tasks and fulfill adequately the stated requirements.

##### **5.4.2.a. Management, Experience and Personnel Qualifications**

Expertise shall be demonstrated by past contract successes providing government agencies with similar services. The respondent will be evaluated on knowledge, experience, prior collaboration and successful completion of projects/services similar to that requested in this RFA.

#### **5.4.3 Ability to Complete the Project/Services in a Timely Manner**

This is based on the estimated duration of the tasks and the respondent's ability to accomplish these tasks as stated.

#### **5.4.4 Use of Funds**

Total overall use of funds to complete the project, will be identified through RFA Submission and GCADA. The level of service, DEDR funding, Cash Match and In-Kind funds must be in compliance with the GCADA Alliance funding guidelines as contained in the GCADA program guidelines and must be noted on all forms. Once the application is approved, any changes to program and funding must go through budget modification process, including budget form and letter submitted to the Municipal Alliance Coordinator, CASS, LACADA and the Governor's Council on Alcoholism for approval prior to implementation.

## 5.5 Quarterly Reports

Quarterly fiscal reports are required to document services provided to the Somerset County Department of Human Services and GCADA.

Programmatic reports (Form 10s and 11s as needed) covering July 1, 2019-June 30, 2020 are to be submitted with the fourth quarter report in August 2020 (see below). Programmatic reports shall include the number of clients/customers/participants, volunteers, and so on as outlined on the Logic Models and Program Descriptions of Municipal Alliances.

Payment will be made after a properly executed County voucher has been received and formally approved on the voucher list by the Board of Chosen Freeholders at its subsequent regular meeting. The voucher will be certified correct by the department/division head who received the goods or services.

The vouchers, expenditure reports with appropriate back-up documentation and signed excel reporting forms must be submitted together according to the appropriate dates:

<b>Quarterly Program &amp; Expenditure Reports</b>	<b>Due Dates</b>
July –September 2019	October 10, 2019
October – December 2019	January 10, 2020
January – March 2020	April 10, 2020
April – June 2020	August 1, 2020

## 5.5 Term of the contract

Terms of contract: July 1, 2019 through June 30, 2020. The term is for one year and subject to the Governor’s Council on Alcoholism and Drug Abuse’s approval and provision of funds to Somerset County.

All funding and contract awards are contingent upon the adoption of calendar year 2019 County of Somerset Budget as well as the grant funding acceptance. Therefore it is necessary for the respondent to authorize the County to extend this proposal for consideration which shall be more than 60 days from the receipt of proposals. The respondent understands that there is no guarantee of funding for fiscal year 2019-2020 or beyond.

## 5.6 Notice of Award

The successful respondent will be notified of the award of contract upon a favorable decision by the governing body.

Contracts for award will be prepared by the Somerset County Department of Human Services, Office of Operations and Planning and the Municipality and approved by Governor’s Council on Alcoholism and Drug Abuse. The Purchasing agent may then send a purchase order/voucher to the municipality.

**COUNTY OF SOMERSET  
RFA DOCUMENT CHECKLIST**

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**Read,  
Signed  
&  
Submitted  
Bidder's  
Initial**

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**FOR ALL APPLICATIONS**

- |                          |                                                                                                                                                                                                               |       |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| <input type="checkbox"/> | Municipal Resolution Authorizing Execution of Contract and authorizing matching funds from each municipality within the Alliance for 2019-2020. <b><u>A resolution from each municipality is REQUIRED</u></b> | _____ |
| <input type="checkbox"/> | Copies of licenses, use or occupancy permits (if applicable)                                                                                                                                                  | _____ |
| <input type="checkbox"/> | Internal Revenue Service Tax Free Number                                                                                                                                                                      | _____ |
| <input type="checkbox"/> | List of Municipal Alliance Committee Members and Officers (Use Application Form 3)*                                                                                                                           | _____ |
| <input type="checkbox"/> | Key Personnel Information (Job Descriptions and/or Resumes for all consultants; Use Application Form 6)*                                                                                                      | _____ |
| <input type="checkbox"/> | Annual Audit documentation of adequate accounting and internal controls- One print or electronic copy (indicate date of audit: _____)                                                                         | _____ |
| <input type="checkbox"/> | Meeting Schedule for 2019-2020                                                                                                                                                                                | _____ |
| <input type="checkbox"/> | Copies of letters of appointment signed by the Mayor*                                                                                                                                                         | _____ |
| <input type="checkbox"/> | Copy of Open Public Meeting Act notice for 2019-2020                                                                                                                                                          | _____ |
| <input type="checkbox"/> | Copy of By-Laws – Most Recent Version*                                                                                                                                                                        | _____ |
| <input type="checkbox"/> | Documentation of appropriate and adequate insurance (Insurance Policy must provide coverage for "Somerset County and its officers, Servants, agents, and employees" under the description of special Items)   | _____ |
| <input type="checkbox"/> | Conflict of Interest Statement                                                                                                                                                                                | _____ |
| <input type="checkbox"/> | Evidence of Medical Malpractice or Professional Liability Insurance supply certificate prior to processing a purchase order (if applicable)                                                                   | _____ |
| <input type="checkbox"/> | Certificate of Insurance naming County as additionally insured – Due when awarded a contract for 2019-2020                                                                                                    | _____ |
| <input type="checkbox"/> | Americans With Disability Act of 1990 Language (Read ONLY)                                                                                                                                                    | _____ |
| <input type="checkbox"/> | Acknowledgement of Receipt of Addenda (To be Completed if Addenda are Issued)                                                                                                                                 | _____ |
| <input type="checkbox"/> | Acknowledgement of Having read attachments A-G                                                                                                                                                                | _____ |

**This checklist is provided for respondent's use in assuring compliance with required documentation; however, it does not necessarily include all specifications requirements and does not relieve the respondent of the need to read and comply with the specifications.**

**\*Only required if information has changed since previous (2018-2019) plan submission.**

**PROPOSAL COST FORM/SIGNATURE PAGE**

**TO THE COUNTY OF SOMERSET  
BOARD OF CHOSEN FREEHOLDERS:**

The undersigned declares that he/she has read the Notice, Instructions, Affidavits and Scope of Services attached, that he/she has determined the conditions affecting the proposal and agrees, if this proposal is accepted, to comply with all requirements of the RFA for:

**SOMERSET COUNTY MUNICIPAL ALLIANCE AFFILIATION  
AGREEMENT CONTRACT #: CY-COM-0007-19**

The undersigned is a \_\_\_\_\_ (Corporation)  
\_\_\_\_\_ (Partnership) under the laws of the State of \_\_\_\_\_ having its  
\_\_\_\_\_ (Individual)  
Principal office at \_\_\_\_\_

\_\_\_\_\_  
Company

\_\_\_\_\_  
Federal I.D. # or Social Security #

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Title of Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Fax Number



**AMERICANS WITH DISABILITIES ACT OF 1990**  
**Equal Opportunity for Individuals with Disability**

The Contractor and the Owner, do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. S121 01 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant there unto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the owner pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event that the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the owner in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the owner's grievance procedure, the contractor agrees to abide by any decision of the owner which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the owner, or if the owner incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.

The owner shall, as soon as practicable after a claim has been made against it, give written notice thereof to the contractor along with full and complete particulars of the claim, If any action or administrative proceeding is brought against the owner or any of its agents, servants, and employees, the owner shall expeditiously forward or have forwarded to the contractor every demand, complaint, notice, summons, pleading, or other process received by the owner or its representatives.

It is expressly agreed and understood that any approval by the owner of the services provided by the contractor pursuant to this contract will not relieve the contractor of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the owner pursuant to this paragraph.

It is further agreed and understood that the owner assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

**COUNTY OF SOMERSET**

**ACKNOWLEDGMENT OF RECEIPT OF ADDENDA**

The undersigned Respondent hereby acknowledges receipt of the following Addenda:

<b>ADDENDUM NUMBER</b>	<b>DATE</b>	<b>ACKNOWLEDGE RECEIPT (Initial)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Acknowledged for: \_\_\_\_\_  
(Name of Bidder)

By: \_\_\_\_\_  
(Signature of Authorized Representative)

Name: \_\_\_\_\_  
(Print or Type)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**FORM NOT REQUIRED IF NO ADDENDA ISSUED**

## Attachment A

The following is the amount of DEDR each Municipal Alliance may apply for and the amount of Cash Match and In-Kind Match required by the municipality:

Municipality	DEDR	Cash Match 25%	In-Kind Match 75%	Total Match	Total MAC
Bernards	\$19,038.04	\$4,759.51	\$14,278.53	\$19,038.04	\$38,076.08
Bedminster <sup>1</sup>	\$9,259.95	\$2,314.99	\$6,944.96	\$9,259.95	\$18,519.90
Bernardsville <sup>1</sup>	\$8,398.56	\$2,099.64	\$6,298.92	\$8,398.56	\$16,797.12
Far Hills <sup>1</sup>	\$969.06	\$242.26	\$726.80	\$969.06	\$1,938.12
Peapack/Gladstone <sup>1</sup>	\$2,907.19	\$726.80	\$2,180.39	\$2,907.19	\$5,814.38
Bridgewater <sup>2</sup>	\$28,966.60	\$7,241.65	\$21,724.95	\$28,966.60	\$57,933.20
Raritan <sup>2</sup>	\$7,241.65	\$1,810.41	\$5,431.24	\$7,241.65	\$14,483.30
Franklin	\$42,483.25	\$10,620.81	\$31,862.44	\$42,483.25	\$84,966.50
Hillsborough <sup>3</sup>	\$25,661.45	\$6,415.36	\$19,246.08	\$25,661.44	\$51,322.89
Millstone <sup>3</sup>	\$2,775.04	\$693.76	\$2,081.29	\$2,775.05	\$5,550.09
Manville	\$9,627.05	\$2,406.76	\$7,220.29	\$9,627.05	\$19,254.10
Montgomery <sup>4</sup>	\$16,778.04	\$4,194.51	\$12,583.53	\$16,778.04	\$33,556.08
Rocky Hill <sup>4</sup>	\$2,922.12	\$730.53	\$2,191.59	\$2,922.12	\$5,844.24
North Plainfield	\$15,459.02	\$3,864.75	\$11,594.27	\$15,459.02	\$30,918.04
Somerville	\$11,029.36	\$2,757.34	\$8,272.02	\$11,029.36	\$22,058.72
Bound Brook <sup>5</sup>	\$9,530.17	\$2,382.54	\$7,147.62	\$9,530.16	\$19,060.33
South Bound Brook <sup>5</sup>	\$5,246.50	\$1,311.63	\$3,934.88	\$5,246.51	\$10,493.01
Warren <sup>6</sup>	\$11,415.13	\$2,853.78	\$8,561.35	\$11,415.13	\$22,830.26
Watchung <sup>6</sup>	\$6,205.20	\$1,551.31	\$4,653.90	\$6,205.21	\$12,410.41
Green Brook <sup>6</sup>	\$6,242.41	\$1,560.60	\$4,681.81	\$6,242.41	\$12,484.82
<b>Total</b>	<b>\$242,155.79</b>	<b>\$60,538.94</b>	<b>\$181,616.86</b>	<b>\$242,155.80</b>	<b>\$484,311.59</b>

Combined MACs	DEDR	Cash Match 25%	In-Kind Match 75%	Total Match	Total MAC
Somerset Hills <sup>1</sup>	\$21,534.76	\$5,383.69	\$16,151.07	\$21,534.76	\$43,069.52
Bridgewater-Raritan <sup>2</sup>	\$36,208.25	\$9,052.06	\$27,156.19	\$36,208.25	\$72,416.50
Hillsborough-Millstone <sup>3</sup>	\$28,436.49	\$7,109.12	\$21,327.37	\$28,436.49	\$56,872.98
Montgomery-Rocky Hill <sup>4</sup>	\$19,700.16	\$4,925.04	\$14,775.12	\$19,700.16	\$39,400.32
South Bound Brook- Bound Brook <sup>5</sup>	\$14,776.67	\$3,694.17	\$11,082.50	\$14,776.67	\$29,553.34
Watchung Hills <sup>6</sup>	\$23,862.74	\$5,965.69	\$17,897.06	\$23,862.75	\$47,725.49

**Do not round as per Governor's Council on Alcoholism and Drug Abuse (GCADA) Requirements**

## Attachment B

### MUNICIPAL ALLIANCE CAPACITY

#### What is Capacity?

According to Substance Abuse and Mental Health Services Association (SAMHSA) *Strategic Prevention Framework (SPF)*, "capacity refers to the various types and levels of resources available to establish and maintain a community prevention system that can identify and respond to community needs." While this definition focuses on resources, the SPF goes on to state that capacity also depends on the readiness of both the organization and the broader community to actually commit their resources to addressing the identified problem(s).<sup>1</sup>

A resource which is at the center of the Municipal Alliance Program is the Municipal Alliance Committee (MAC). The committee is both the driving force behind the Municipal Alliance programs and activities as well as an organization that fosters a supportive and collaborative relationship with other community ATOD prevention partners.

The mission of the Municipal Alliance to be a "mechanism for implementing policies to reduce alcoholism and drug abuse (and) support appropriate county and municipal-based alcohol and drug abuse education and public awareness activities" (NJSA 26:BB-7a) requires that the committee membership is diverse and broad enough to collectively 1) possess a thorough knowledge of the substance abuse needs and resources of the community, 2) recruit and recognize community volunteers, 3) develop and maintain community partnerships, and 4) successfully implement prevention strategies to meet its goals.

Throughout the history of the Municipal Alliance program the Committee's goals and objectives have been to provide successful prevention programs and public awareness activities. Beginning with the new cycle, the committee will incorporate environmental strategies into the prevention plan. Implementing environmental strategies will affect the current structure of the Municipal Alliance Committee.

*"Implementing environmental strategies requires more community involvement than individual strategies and requires participation of those most affected for crafting and carrying out solutions...the strategies and tactics needed to bring about environmental change differ from those required to select and implement programs for individuals."*<sup>2</sup>

The structure and make-up of Municipal Alliance Committee is dynamic. It is formed and developed over time and open to growth and change to best reflect the needs and characteristics of the community.

\* See Community Anti Drug Coalitions of America "*Capacity Primer*" p. 12-18 Governor's Council on Alcoholism and Drug Abuse Fiscal Grant Cycle July 2014-June 2020

### **Municipal Alliance Committee**

For participation in the Alliance Network to Prevent Alcoholism and Drug Abuse, the governing body of a municipality must appoint a Municipal Alliance Committee (MAC), or join with one or more municipalities to form an Alliance consortium to which they appoint municipal representatives. The heart of each community's local prevention effort is its grass roots volunteers and representatives that form a broad based community coalition called the Municipal Alliance Committee (MAC). This committee brings together representatives from government agencies, public and nonpublic schools, health care organizations, law enforcement agencies, business and civic groups, parents, youth and the community at large. The MAC is responsible for overseeing the Strategic Prevention Framework process in their community. Membership on a MAC must include broad representation from the local community to make and influence change. Membership (Form 3) should include, but is not limited to:

1. Mayor and/or members of the governing body (or designee);
2. The chief of police (or designee) and other Law Enforcement agencies
3. School District Administrative Staff and/or School Board Member
4. Student assistance coordinator or other student support services staff member;
5. A representative of the Parent-Teacher Association or other home-school association;
6. Parents and/or Guardians
7. A representative from Youth Servicing Organizations
8. A representative of the Chamber of Commerce or Local Business;
9. Representatives of local civic or volunteer groups.
10. Representatives of local faith-based organizations;
11. Private citizens with interest or experience in issues concerning alcohol or drug abuse, addiction or juvenile delinquency.
12. Youth representatives.
13. Older Adult Representative.
14. Individuals who have been affected by alcoholism or drug abuse, including individuals who have been directly affected by their own, or family's member's abuse or addictions;
15. Health and Human Service Agencies/Professionals; especially health care professionals including pharmacists, physicians or therapists, etc.
16. Representatives of the local communications media; or Public Relations
17. Representatives of public and private organizations involved in the prevention or treatment of alcoholism and drug abuse and/or the Regional Coalition.

There is no limitation on the number of members who may be appointed to the MAC. However, it is required that there is broad representation from across the community in order to ensure representative programming, sustainability and cultural competency. The membership of the MAC should represent the cultural composition of the community. The committee should include members who have the skills, knowledge and resources the Alliance needs\*. A complete list of MAC members, with their addresses and email addresses, must be annually provided to the GCADA as part of the strategic planning process.

### **Residency Requirements, Terms and Appointment/Election of Officers**

At a minimum, fifty percent of the members must reside in the municipality. Members must be appointed for specific terms. Officers may either be appointed by the governing body or elected by the Committee, whichever method the municipality chooses.

Every Alliance must have a Chairperson who is different than the Alliance Coordinator. The Chairperson is responsible for running Alliance Committee meetings and for providing leadership through the Alliance committee to formulate local policies and procedures. The Alliance Coordinator is responsible for the administrative duties of the of the Alliance such as completing required reports and applications for alliance funding, scheduling consults and providing support to the Municipal Alliance Committee (a Municipal Alliance Coordinator job description is on file in the municipality). The Chairperson is a voting member of the committee; the Coordinator is not a voting member.

### **Establishing the Municipal Alliance and Meeting Requirements**

MACs must be established by municipal ordinance or resolution, and the committee must adopt bylaws. If a municipality chooses to use resolutions they must be adopted annually in order to be in effect. At a minimum, Committee meetings must be held quarterly. MACs must operate in full compliance with the State's open public meetings laws. There must be public notice of MAC meetings. Minutes must be kept of all Committee meetings, and a quorum of Committee members is required for action to be taken by the Committee (e.g., approval of plan or modifications). A quorum is 50 percent of the official Committee membership plus one.

### **Conflict of Interest**

A conflict of interest may exist if a MAC member can reasonably expect that their conduct will directly result in a personal or financial benefit to themselves, their family members, business associates, employers, or to businesses that the member represents. In situations where a conflict of interest may exist, the MAC member must recuse him or herself. Recusal means that the individual is not participating in deliberations or debates, making recommendations, giving advice, considering findings, voting or in any other way assuming responsibility for or participating in any aspect of the decision making regarding the matter. Consultants or providers who are directly or indirectly involved in providing prevention services to the Municipal Alliance are also subject to the recusal requirement.

### **Municipal Alliance Committee Functions**

The Municipal Alliance Committee is responsible for:

- A. Creating a coalition of community leaders, private citizens, and representatives of public and private education, health and human service agencies who will make a comprehensive and coordinated effort to promote and support community-wide drug and alcohol prevention, education, public awareness, environmental programs and related activities.
- B. Implementing the Strategic Prevention Framework in order to perform local assessments, build local prevention capacity, plan and implement effective community strategies and programs, and evaluate the MAC's efforts for outcomes that includes:
  1. Conducting an assessment of their community to determine the needs of the community in regard to drug, alcohol and prevention issues;
  2. Identifying existing strategies, programs, services, activities and resources designed to prevent and reduce alcoholism and drug abuse;
  3. Developing a logic model which includes *Problem Statement*, *Root Cause*, and *Local Conditions* to prioritize the needs of the community;
  4. Implementing documented evidence-based programs, practice-based programs, and environmental strategies at the municipal level which have been demonstrated to be effective or participating in regionally developed programs that accomplish the purpose of the Municipal Alliance effort;
  5. Establishing an evaluation process to measure the outcome of programs and practices in order to understand their effectiveness and identify needed changes; evaluation findings should serve as key factors at each step of the Strategic Prevention Framework;
- C. Assisting any programs specifically developed for the prevention of delinquency, teen pregnancy, truancy and school drop out to acquire alcoholism and drug abuse prevention resources, such as educational and awareness information.
- D. Assisting the municipality in acquiring funds for Municipal Alliance programs, including the establishment of a permanent, standing subcommittee on fundraising.
- E. Support, collaborate, and promote local ATOD prevention efforts involving schools, law enforcement, business and civic groups and other community organizations.
- F. Collaborating with local school districts, charter schools and nonpublic schools in the review of their K-12 comprehensive programs for alcohol, tobacco and other drug abuse prevention, intervention, referral for evaluation, referral for treatment and continuity of care, pursuant to the requirements at *N.J.S.A. 18A:40A-1 et seq.* and *N.J.A.C. 6A:16-3*, which can be found at <http://www.state.nj.us/education/code/current/>.

- G. Completing the MAC capacity assessment tool to evaluate and help strengthen the current capacity of the Municipal Alliance (Form 5).

### **Cultural Competency<sup>3</sup>**

Cultural Competency must be incorporated throughout implementation of the Strategic Prevention Framework (SPF) process. The U.S. Department of Health and Human Services defines

cultural competence as a “set of behaviors, attitudes and policies that come together in a system, agency or program or among individuals, enabling them to function effectively in diverse cultural

interactions and similarities within, among and between groups.”<sup>4</sup>

Sample methods to incorporate and promote Cultural Competency into Capacity:

- Know the history and current cultural make-up of the community.
- Include broad representation from across the community on the Municipal Alliance Committee to ensure the cultural composition of the community is represented.
- Include cultural sub-groups in all aspects of the SPF (i.e. assessment, planning, implementation, evaluation, etc.) to insure cultural relevance.
- Provide opportunities for Cultural Competency training to members of the committee and prevention partners.

### **Sustainability**

Sustainability is the likelihood of a strategy (*or program or committee*) to continue over a period of time, especially after specific funding ends.<sup>5</sup>

Sample methods to incorporate and promote Sustainability into Capacity:

- Build-up broad stakeholder representation on the Municipal Alliance Committee to garner support from the community.
- Complete Community Resource Directories to provide service information to the community and build community partnerships.
- Recognize Committee and Community prevention supporters on an annual basis.
- Track outcomes and provide current ATOD information to community partners.
- Support, collaborate, and promote local ATOD prevention efforts in the community.

<sup>1,3</sup> New Jersey Regional Workshop, “*What is Strategic Prevention Framework*” August, 2008 Center for Substance Abuse Prevention (CSAP), Northeast Center for the Application of Prevention Technologies (CAPT).

<sup>2</sup> *The Coalition Impact: Environmental Prevention Strategies*, Pages 14-15, Community Anti Drug Coalitions of America

<sup>4,5</sup> *Cultural Competence Primer: Incorporating Cultural Competence into Your Comprehensive Plan*, Page 11 and Glossary Community Anti-Drug Coalitions of America



## **MUNICIPAL ALLIANCE PLANNING**

Planning is a process of developing a logical sequence of strategies and steps leading to community-level alcohol and other drug reduction outcomes that move alliances closer to achieving their vision for healthier communities.

While there is no one perfect planning process model here are a few key tips to help:

- Build a broad base of community support first
- Your alliance and its planning process should be inclusive & culturally diverse
- The process should be open to everyone who is interested
- Active citizen participation is vital
- Strength is not solely in numbers
- Everyone doesn't need to be involved in every part of the planning process, but everyone should have an opportunity for input
- Establish clear expectations for each person's role
- Gather consensus at each step of the process
- Engage volunteers so everyone benefits from the process
- Members should feel that they are making a difference
- Members should be out in the community getting people excited about the upcoming plan
- Be sure to document progress

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### **Municipal Alliance Strategic Planning Process**

1. Create/revisit your Vision (Form 2) —the dream—how your community will be when all the outcomes are met

- Understood & shared by the community
- Comprehensive enough to encompass diverse local perspectives
- Inspiring & uplifting to everyone involved in the effort
- Easy to communicate (short enough to fit on a t-shirt)
- Example: Alcohol & drug-free community

2. Create/revisit your Mission (Form 2) —what are you trying to accomplish & why

- More concrete & more action-oriented than the vision
- Gives a suggestion of what you might do to fix the problem
- Concise, outcome oriented, and inclusive
- Example: To develop an alcohol & drug-free community through collaborative planning, community action, and policy advocacy

3. Develop your Alliance Action Plans (Form 7) based on your Logic Model —what kind / how much change do you want to see

- Develop a goal statement for each root cause
  - The goal explains what the community wishes to accomplish or change about the root cause. It sets direction for the intermediate outcome to be achieved after year three.
- Develop an objective for each local condition

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- The objective should address the local condition and break down the goal into smaller parts that provide specific, measurable actions through which the goal will be accomplished. Objectives are meant to set direction for the intermediate term outcomes after year two.
- Identify the specific intervention(s) (program/activity) that the Alliance will implement to achieve the objective.
  - The difference between environmental change activities and programs:
  - Programs measure change in individuals, families, and groups; environmental changes measure change at the community level
  - Programs focus on one strategy; environmental change involves multiple strategies
  - Environmental change involves community support
- Select a strategy/ies that the intervention will address to achieve the goal and objective from CADCA's Seven Strategies for Community Change (see Appendix). Multiple strategies may be selected for each intervention.
- Example:  
Root Cause: Availability/Access  
Goal- To reduce the availability of alcohol to minors

Local Condition: Merchants are not carding or they are accepting fake identification.  
Objective- Increase the number of merchants carding and knowledge of identifying fake identification.

Intervention: Responsible Beverage Server Training (RBST)

Strategy: Enhancing Skills, Changing Consequences, Modifying/Changing Policy

\*\*\* RBST can be offered as a program and only cover the strategy of enhancing skills. However, if the Alliance works with the establishments to make it a policy for all servers to be trained in RBST, it becomes an intervention that incorporates environmental change by modifying/changing policy.\*\*\*

### **General Requirements and Restrictions for Interventions**

All DEDR and Cash Match funding must be utilized to address the problem sequence (problem statement, root cause and local conditions) identified in the logic model. The following requirements must be followed to be eligible for funding:

**1. Selecting Strategies:** Each Municipal Alliance must work to create measurable community-level change by incorporating environmental strategies and programs into their strategic plan. Measureable community-level change will be evidenced by collecting data annually to demonstrate outcomes.

These programs/interventions must incorporate one or more of the following strategies listed below (note: these are the first three strategies listed on CADCA's Seven Strategies for Community Level Change). Whenever possible, the Alliance should incorporate activities into their programs that will affect a larger part of the community (i.e. HS Peer Leadership program can participate in a sticker shock campaign). The Municipal Alliance Committee should ask if and how a program can reach a larger part of the community.

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- Providing information
- Enhancing skills
- Providing support

The programs / interventions must also incorporate at least two of the following environmental strategies (note: these are the last four strategies listed on CADCA's Seven Strategies for Community Level Change):

- Enhancing access/ reducing barriers
- Changing consequences (incentives/disincentives)
- Changing physical design
- Modifying/changing policies

Note: The greater the number of the seven strategies utilized, the greater the likelihood for comprehensive community-level change. Implementing one or two strategies alone will not be effective.

Collaboration with the Regional Coalitions is encouraged. As the Municipal Alliances progress through the grant cycle, it is expected that there will be an increase in use of the four environmental strategies listed above. This will be addressed through the annual strategic plan update.

For Municipal Alliances choosing to implement an evidence-based program, program selection needs to be from Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP) list found at <http://www.nrepp.samhsa.gov/>

All programs/interventions selected must be comprehensive in nature and not a one-time event. Funding will be considered for events if those activities (1) are part of municipal-sponsored special event(s); (2) held in observance of alcohol/drug awareness months/weeks; (3) conducted as an integrated part of an ongoing prevention program for a specific target population. GCADA believes that one-time events/performances/activities which are not part of a broader context of a coordinated continuum of prevention strategies, programs and projects have only limited impact; therefore, the one-time event/performance/activity will not be funded unless it falls into one of three categories listed above. Multiple meetings leading up to a one-time event do not count as part of the coordinated continuum of activities.

**2. Program Coordination Expenses:** A maximum of 15% of a Municipal Alliance DEDR award may be utilized for expenses related to the administration of the funding, such as a Coordinator's salary, fringe benefits, travel, printing, office and meeting supplies. This limit applies specifically to Municipal Alliance program coordination and administration expenses

and does not apply to direct program services. For example, if a paid Municipal Alliance Coordinator (having appropriate credentials) provides direct services by implementing individual programs, a portion of the expense could be program consultant costs.

**3. Equipment Purchases:** A maximum of \$500 of Municipal Alliance funds may be utilized annually for the purchase of equipment, which must be used for the sole purpose of the support and performance of DEDR-funded programmatic activities. Equipment is defined as an article of tangible property that has a useful life of more than two years.

**4. Acknowledgement of DEDR Funding:** Any materials developed for distribution, publication or advertisement using DEDR funds must contain a statement acknowledging the Governor's Council on Alcoholism and Drug Abuse as the funding source. All such materials shall have affixed or imprinted the official GCADA name and/or logo.

**5. Criteria for Utilizing Service Providers:** Service providers (e.g. agencies or consultants) may be engaged to implement a prevention program or activity for a Municipal Alliance. However, such a fee for service program must be part of an active, comprehensive Municipal Alliance program and may not, in and of itself, constitute the Municipal Alliance program. Service providers must be identified, along with their qualifications and credentials.

When considering programmatic expenditures for prevention services or programs, priority is to be given to utilizing the most local resources. Products or services available within the municipality are to be considered first, services within the county second, and the services within the state third. Speakers or facilitators from out of state will be considered only if local, county and state resources are not available and the rates are reasonable. Traveling out of state for training or programs will not be considered unless it is part of a Community Anti-Drug Coalitions of America (CADCA) sponsored event.

Furthermore, priority for program service providers is to be given to not-for-profit organizations. If the desired prevention services or programs are not available from a not-for-profit agency, the MAC may request to use the services of a for-profit organization.

#### **A. Prohibited Use of Funds**

**1. Supplantation:** The legislation creating the Alliance program strictly prohibits the use of program funds to supplant local funds that would have otherwise been made available for alcoholism and drug abuse initiatives. Consistent with the stature, Alliance program funds may not be utilized to pay for services or activities that would normally be funded by other sources (e.g. supplanting school district funding of the salary and expenses of school-based student assistance coordinators performing prevention related activities during school hours). The Council will strictly enforce this mandate against supplantation.

**2. Treatment Services:** Municipal Alliance funds are to be used solely on programs for the public education and prevention of alcoholism and drug abuse. Funding ATOD abuse treatment services with Alliance funds is prohibited. Treatment is defined as three or more counseling sessions.

**3. Capital Expenditures/Improvements:** DEDR funds cannot be used for capital expenditures which are the costs of facilities and other capital assets, and repairs which materially increase the value or useful life of capital assets.

**4. Gifts and Prizes:** Municipal Alliance DEDR and Cash Match funding cannot be used to purchase prizes or gift cards, make cash awards, or award cash scholarships. Incentive purchases can only be made if it is a requirement of an evidence-based program from SAMHSA's NREPP list that requires the incentive as part of maintaining fidelity to the program model.

**5. Drugs, Alcohol, and Gambling:** Participation in and funding for events serving or promoting drugs, alcohol, and gambling is prohibited.

## **B. Alliance Program Matching Funds Requirements**

Each Municipal Alliance is required to provide a 100% match of their Municipal Alliance award with local resources. The matching requirement must be fulfilled with a minimum of a 25% cash match and a 75% in-kind services match. The municipal government is responsible for overseeing that the matching requirement is met. A plan detailing the Municipal Alliance's fund matching strategy must be submitted as part of the strategic plan.

The Municipal Alliance Committee is encouraged to establish a fundraising subcommittee responsible for developing a strategy to fulfill the matching requirement and/or to raise additional funds for the Municipal Alliance. The subcommittee may also consider strategies for raising additional cash and in-kind services beyond the minimum matching requirement, to be used for ATOD education and prevention activities.

**Cash Match-** All Cash Match funding must be utilized to address the problem sequence (problem statement, root cause and local conditions) identified in the logic model. The 25% Cash Match funding must be expended on approved activities. The Cash Match funds must be differentiated from the DEDR account and the designated trust account. (For more information, please see the Program Income section below.)

Examples of acceptable practices may include:

- Direct appeals to the community by mail or day collecting in front of stores;
- Solicitations to business and industry for donations;
- Grants or awards from foundations or governmental agencies other than GCADA;
- Activities to raise funds that have the potential for bringing significant numbers of community members together, such as runs, walks, bake sales and car washes.

**In-Kind Match-** The In-Kind match is the value of goods or services (other than cash) provided to the Alliance that must meet 75% of the annual DEDR allocation.

- The donation of the use of a property at a fair market value to the project;
- Time, as reflected by salary and wages, of municipal and private sector employees who perform services in accord with the project or volunteer hours at the standard rate for volunteers.
- Complimentary (i.e. public service) advertising in local communications media, such as newspapers, radio and cable television, above the level of standard public service requirements;
- Organized community benefits focused on the Alliance, which utilize celebrities, sports figures or experts in the field of addictions, who donate their services;
- Donated goods and services, such as catering and the use of equipment; and
- The donation of printing and other mass reproductions of materials designed to bring the anti-alcohol and drug abuse message to the community.

### **Program Income**

All program income, beyond the 25% Cash Match, must be utilized at the discretion of the Municipal Alliance to carry out its mission. All funds raised for the Municipal Alliance must be deposited into a designated municipal trust account which must be differentiated from the DEDR and Cash Match. Contact your municipal CFO to establish a designated municipal trust account.

### **Cultural Competency**

When developing the strategic plan including selecting interventions, the demographic, cultural and ethnic composition of the community must be represented and taken into consideration.

### **Sustainability**

Sustaining a Municipal Alliance requires creating a strong group that brings together a community to develop and carry out a comprehensive strategic plan to achieve population-level change. Start to work on sustainability as you are planning. The more thorough you are in developing your plan; the more likely you are to attract funders and local support for future work.

## Attachment C

### CADCA's Seven Strategies for Community Change

1. *Providing information* – Educational presentations, workshops or seminars or other presentations of data (e.g., public announcements, brochures, dissemination, billboards, community meetings, forums, web-based communication).
2. *Enhancing Skills* – Workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population level outcomes (e.g. training, technical assistance, distance learning, strategic planning retreats, curricula development).
3. *Providing Support* – Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs).
4. *Enhancing Access/Reducing Barriers* – Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services (e.g., assuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity).
5. *Changing Consequences (Incentives/Disincentives)* – Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges).
6. *Physical Design* – Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density).
7. *Modifying/Changing Policies* – Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations).

Note: the first 3 strategies are more programmatic in nature and the last 4 strategies are environmental strategies.

**Attachment D**

**MUNICIPAL ALLIANCE EVALUATION**

Evaluation is the Alliance’s planned and careful use of information to understand the Alliance’s work and its relationship to its goals. Evaluation can be used to show the Alliance members and community stakeholders, the challenges, successes, and accomplishments achieved in the community. It strengthens accountability and promotes sustainability.

In order to evaluate the Alliance’s interventions for its effectiveness, it is important to understand the different elements of evaluation and the connection to the Alliance’s logic model. There are five elements to evaluation: process, short-term, intermediate, long-term outcomes and long-term impact evaluation. All elements are necessary to achieve long-term effectiveness and sustainability over the course of the grant cycle.

**Reviewing the Five Elements of Evaluation**

**Process Evaluation** (Start of the program to year 1):

Process evaluation looks at the delivery of the intervention. It is used to determine if the target audience was reached, if the Alliance stakeholders were engaged, and if the intervention/program was delivered as intended. This is the first step in evaluating an intervention’s effectiveness since it is conducted as the program is occurring. Questions that process evaluation should answer are:

- Who delivered the program? Was it the person originally identified to run the program?
- Was the program delivered as planned? Did it run for the intended number of sessions?
- Was the target audience reached?
- Were Alliance stakeholders engaged? Did they have input into the intervention/program?
- Were the participants satisfied with the intervention/program?

Ways to measure this information may include:

*Program and direct service change:*

*Community-level change:*

<ul style="list-style-type: none"> <li>• Attendance logs for each session</li> </ul>	<ul style="list-style-type: none"> <li>• Survey for Alliance members to ensure the Alliance structure is sound and able to provide the intervention</li> </ul>
<ul style="list-style-type: none"> <li>• Alliance meeting minutes</li> </ul>	<ul style="list-style-type: none"> <li>• Survey Alliance members to ensure they feel they have a real and equitable voice</li> </ul>
<ul style="list-style-type: none"> <li>• Participant satisfaction surveys</li> </ul>	<ul style="list-style-type: none"> <li>• Key informant interviews</li> </ul>



**Short Term Outcomes** (during year 1 through year 5):

Short-term evaluation determines if the intervention/program has met its intended goal of changing attitudes, knowledge or skills within the population it is serving. The data used to determine short-term outcomes should be accessible within 1-3 years of the intervention’s start date. Questions that short-term evaluations should answer are:

- Did the intervention/program change attitudes, knowledge or skills of the participants?
- Was the change as expected prior to the program start?
- Is the intervention/program doing what it intended to do?

Ways to measure this information may include:

*Program and direct service change:*

*Community-level change:*

<ul style="list-style-type: none"> <li>• Interviews/focus groups with instructors and participants</li> </ul>	<ul style="list-style-type: none"> <li>• List policy changes that have occurred</li> </ul>
<ul style="list-style-type: none"> <li>• Pre/Post tests or questionnaires</li> </ul>	<ul style="list-style-type: none"> <li>• List any community change practices that have occurred</li> </ul>
<ul style="list-style-type: none"> <li>• Photographs documenting the change (i.e. changes in physical design)</li> </ul>	<ul style="list-style-type: none"> <li>• List resources generated and media outlets that have been utilized</li> </ul>

**Intermediate Outcomes** (after year 2 and through year 5):

Intermediate evaluation determines if the intervention is making a difference in the problems detailed in the Alliance’s local conditions identified on the logic model. The data used to determine intermediate outcomes should be accessible by year two of the intervention’s start date. Questions that intermediate evaluations should answer are:

- Is there a positive result in achieving the intended objective outlined for the local condition being addressed by this intervention/program?
- Is the local condition improving? If so, how?
- Do the data sets defining the local conditions show the results of the positive outcomes?

Ways to measure this information must include:

- Comparing the data used to substantiate the local condition with the most current data available from that same data source (i.e. 2012 data from the Substance Abuse Overview detailing the number of juveniles seeking treatment for alcohol compared with 2014 data from the Substance Abuse Overview detailing the same).

**Long Term Outcomes** (After year 3 through year 5):

Long-term evaluation determines if the changes in the local conditions are affecting the root cause and ultimately reducing the problem as identified in the problem statement on the Alliance's logic model. This includes evaluating the goal stated for the root cause by retrieving the current version of the data used to substantiate the root cause. This data should be accessible by year five of the Alliance's origination of the logic model.

Long-term outcomes will not be tied to any one intervention/program but should be the result of multiple interventions/programs targeting the same root cause. Questions that long-term evaluations should answer are:

- Is there a positive result in achieving the intended goal outlined for the root cause?
- Is the root cause improving? If so, how?
- Do the data sets defining the root cause show the results of the positive outcomes?

Ways to measure this information must include:

- Comparing the data used to substantiate the root cause with the most current data available from that same data source (i.e. 2012 data from the Substance Abuse Overview detailing the number of juveniles seeking treatment for alcohol compared with 2014 data from the Substance Abuse Overview detailing the same).

#### **Long Term Impact** (After year 5):

Long-term impact identifies if a change has been made in the problem and the priority as detailed on the Alliance's logic model. Long-term impact occurs over a 5-10 year period and considers the long-term health and social consequences to the community. Long-term impact is determined when the Alliance conducts another needs assessment process in preparation for the next grant cycle.

Questions to determine long-term impact are:

- Is there a positive result in tackling the problem identified in the problem statement?
- Has the problem improved? If so, how?
- Do the data sets defining the problem show the results of the positive impact?

Ways to measure this information must include:

- Comparing the data used to substantiate the problem with the most current data available from that same data source (i.e. 2012 data from the Substance Abuse Overview detailing the number of juveniles seeking treatment for alcohol compared with 2014 data from the Substance Abuse Overview detailing the same).

#### **Cultural Competency**

According to the American Evaluation Association, "Cultural competence... represents the intentional effort of the evaluation team to produce work that is valid, honest, respectful of stakeholders, and considerate of the general public welfare." (Retrieved from <http://www.eval.org/p/cm/ld/fid=92> on July 24, 2013). Evaluation must take into account the diversity of the community and produce measurement tools that are culturally relevant to the population being served. The American Evaluation Association recommends taking the following into consideration (see citation above for reference):

- Ensure that the members of the evaluation team collectively demonstrate cultural competence in the context for each evaluation.
- Select or create data collection instruments that have been (or will be) vetted for use with the population of interest.

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- Use intermediaries to assist with collecting data from persons whose participation would otherwise be limited by language, abilities, or factors such as familiarity or trust.
- Engage and consult with those groups who are the focus of the evaluation in the analysis and interpretation of data, to address multiple audience perspectives.

**Sustainability**

Evaluation results that show successes can be used to promote the intervention/program and engage the residents-at-large in maintaining a healthy and safe community. However, often times what is proposed isn't how things turn out. Evaluations are meant to give the Alliance an opportunity to change components of the intervention/program to better meet the needs of the community. Understanding what makes the intervention/program successful is vital in determining how it is impacting the community.

Information for the evaluation section was retrieved from [www.samhsa.gov](http://www.samhsa.gov) and the Community Anti-Drug Coalitions of America as provided through the New Jersey Coalition Academy.

## Attachment E

### **PROGRAM/BUDGET MODIFICATIONS**

All budget modifications (DEDR, Cash Match and In-Kind) must be submitted to the County Alliance Coordinator in writing using the Alliance Budget Form. Budget modifications are a permanent change to a Municipal Alliance's Strategic Plan and are expected to be submitted and approved in advance of the change in activity. The County Coordinator must notify the CASS and GCADA of all budget modifications.

The Alliance Budget Form (Form 8) contains a section at the bottom of the form for the proposed budget modification. The form must include the proposed changes to the budget (see the top part of the form where it breaks out the expenses into DEDR-Personnel, DEDR- Consultant, DEDR- Other Direct Cost, Cash Match and In-Kind) as well as provide details of the change under the section for Budget Modification. Signatures are only needed on the form if a budget modification is being proposed and are not required as part of the budget proposal in the initial submission of the strategic plan. The sections below detail which signatures are needed depending on the changes being made.

#### **DEDR Funding:**

***Moving funds within an approved program--***Modifications to an approved budget that reallocate DEDR funds within the same approved program/intervention, and that do not change the program intent, may be approved by the county without prior GCADA approval. Required signatures: Alliance Chairperson, Municipal CFO, and County Alliance Coordinator.

- *Example:* reallocation of \$500 from Life Skills consultant to Life Skills other budget category.

#### ***Moving less than \$2,000 from one approved program to another approved program(s)--***

Modifications of approved DEDR programs/interventions that reallocate less than \$2,000 from a program, and that do not change the program intent, may be approved by the county without prior GCADA approval. Funds from multiple programs can be reallocated within the same budget modification. Required signatures: Alliance Chairperson, Municipal CFO, and County Alliance Coordinator.

- *Example:* reallocation of \$1,500 from Strengthening Families and \$900 from Life Skills, both reallocated to Peer Leadership (for a total increase of \$2,400).

***Removing \$2,000 or more from one program; creating new programs—***Removing \$2,000 or more from an approved DEDR program/intervention or establishing a new program must first be approved by the CASS and then forwarded to GCADA for its approval prior to implementation. Required signatures: Alliance Chairperson, Municipal CFO, County Alliance Coordinator, and GCADA.

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- *Examples:* reallocation of \$2,000 from an approved Life Skills program; any funds moved to start a new program.

**Cash Match and In-Kind:**

All Cash Match and In-Kind budget modifications must be submitted on the Alliance Budget Form to the County Alliance Coordinator for approval. GCADA approval is not necessary as long as the required Alliance Cash Match and In-Kind obligations are met during the funding year, as evidenced by the quarterly reporting forms.

Required signatures for cash match changes: Alliance Chairperson, Municipal CFO, and County Alliance Coordinator.

Required signatures for in-kind changes: Alliance Chairperson and County Alliance Coordinator

**Forms for Budget Modifications include:**

- Updated Alliance Budget Form – with justification and signatures
- Action Plans that reflect the budget changes
- Alliance Coordination Plan, if applicable

**Program changes that do not affect the program budget:**

You must notify the County Alliance Coordinator of program changes by submitting a revised Alliance Action Plan (Form 7) and a copy of the consultant's resume, if there is a change in consultant.



**Municipal Alliance Plan Update  
July 1, 2019- June 30, 2020**

**FY20 Municipal Alliance Instructions**

The Alliances to Prevent Alcoholism and Drug Abuse (Municipal Alliances) are planning for the 6<sup>th</sup> grant term of the extended grant cycle which began on July 1, 2014. The following outlines the requirements for Municipal Alliances to participate for year six of the grant term which covers the period of July 1, 2019-June 30, 2020.

**FY19 Currently Participating Alliances**

Municipal Alliances that participated in the FY19 (July 1, 2018- June 30, 2019) grant term will only be required to submit an update to their grant documentation. If new programs or any program changes (budgetary or programmatic) are being proposed, the updated program information must be submitted and approved through a budget modification separate from this grant update process.

The grant update for FY20 includes completing the following forms:

- Form 1: Complete and signed by the municipality's governing body
- Resolution for FY20
- Form 8: Current budget (please do not complete the budget modification information on the bottom portion of the page; **no signatures required on this form**. This should be the same information on the current FY19 budget summary.)

**FY20 New Alliances**

For Municipal Alliances that are new for the FY20 grant term, a full application of Forms 1-8 and resolution will need to be completed and submitted to the county. Please contact your County Alliance Coordinator for assistance.

**Forms and Technical Assistance**

Please contact your County Alliance Coordinator for access to the required forms as well as any technical assistance you may need with the planning process, including grant guidelines.

### **Strategic Plan Instructions**

The strategic plan (formerly referred to as the Request for Application or RFA) explains the course of action by which a Municipal Alliance will engage in a community problem solving process. This plan is meant to evolve and change as the community changes. Below are instructions for completing each form. Please contact your County Alliance Coordinator for questions and further technical assistance.

#### **Form 1A- Strategic Plan for Funding Municipal Alliances**

Must be completed in its entirety and signed off by the Mayor. Additional signatures for Council/Committee person are necessary if required by the municipal government. If the municipality is part of a consortium, the Mayor's signature is required from all participating municipalities entering into the agreement.

#### **Form 1B- Municipal Resolution**

This is the suggested resolution. A town may submit a different resolution but the resolution must contain the amounts for DEDR, cash match and in-kind as well as the award period. If the municipality is part of a consortium, a resolution is required from all participating municipalities entering into the agreement. If the sample resolution is used as the template for your municipal resolution, it will fulfill the GCADA ordinance requirement.

#### **Form 1C- Statement of Assurances**

No signatures required but signing off on Form 1A acknowledges abiding by these requirements.

#### **Form 1D- Fiscal Requirements**

No signatures required but signing off on Form 1A acknowledges abiding by these requirements.

#### **Form 2- Alliance Vision and Mission**

Vision and mission must be listed. This process should be conducted with the Municipal Alliance Committee.

#### **Form 3- Municipal Alliance Committee Membership List**

The membership of the Municipal Alliance should include as many individuals from different sectors as possible. Membership list should be utilized as a guide to establish a committee that is representative of the community. Please review the Municipal Alliance Capacity document for further instructions and guidelines.

#### **Form 4A- Logic Model**

Only four local conditions are to be listed on the Logic Model. Additionally, the Alliance will need to add in the interventions/programs on this page. The interventions/programs should be listed by name and include the number of the local condition that it corresponds with (see the local condition number on the upper left hand corner of each local condition). For example:

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Responsible Beverage Server Training  
LC: 1

Parenting Sessions  
LC: 2, 3

There must be a Form 7 for each intervention/program listed.

**Form 4B- Logic Model Data Sheet**

This form only needs to be completed if the data from the logic model does not fit in the box provided on Form 4A.

**Form 5- Municipal Alliance Committee Capacity Assessment Tool**

The capacity assessment tool must be completed with your Municipal Alliance Committee. The completed form must be part of the strategic plan submission. Please review the Municipal Alliance Capacity document for further instructions and guidelines.

**Form 6- Alliance Coordination Plan**

This form is only required to be completed by paid Alliance Coordinators. This includes those receiving a stipend or salary from the line items of personnel/township employee or consultant. A sample of Form 6 has been provided for your convenience.

**Form 7- Alliance Action Plan**

One form must be completed for each intervention/program. The goal is to provide comprehensive programs with multiple strategies, rather than singularly focused programs; therefore, an Alliance may not exceed 15 interventions/programs. A sample Form 7 has been provided for your convenience.

Please review the Municipal Alliance Planning and Evaluation documents for further instructions and guidelines for completing Form 7.

**Form 8- Alliance Budget**

Each intervention/program must be listed on this form. If there is a paid Alliance Coordinator then the top line listed "Alliance Coordination" will need to match the information listed on Form 6 in the "Coordination Budget and Expenses" box. For Alliance Coordinators that are not paid, the "Alliance Coordination" line will be left blank. Signatures are not needed if this form is completed as part of your initial strategic plan.



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Once the strategic plan is approved, this form will also serve as the budget modification form. Please see the budget modification instructions to complete a budget modification and obtain the required signatures.



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**FORM 1B**

**WHEREAS**, the Governor's Council on Alcoholism and Drug Abuse established the Municipal Alliances for the Prevention of Alcoholism and Drug Abuse in 1989 to educate and engage residents, local government and law enforcement officials, schools, nonprofit organizations, the faith community, parents, youth and other allies in efforts to prevent alcoholism and drug abuse in communities throughout New Jersey.

**WHEREAS**, The Township/Borough/City Council of the Township/Borough/City of \_\_\_\_\_, County of Somerset, State of New Jersey recognizes that the abuse of alcohol and drugs is a serious problem in our society amongst persons of all ages; and therefore has an established Municipal Alliance Committee; and,

**WHEREAS**, the Township/Borough/City Council further recognizes that it is incumbent upon not only public officials but upon the entire community to take action to prevent such abuses in our community; and,

**WHEREAS**, the Township/Borough/City Council has applied for funding to the Governor's Council on Alcoholism and Drug Abuse through the County of \_\_\_\_\_;

**NOW, THEREFORE, BE IT RESOLVED** by the Township/Borough/City of \_\_\_\_\_, County of \_\_\_\_\_, State of New Jersey hereby recognizes the following:

1. The Township/Borough/City Council does hereby authorize submission of a strategic plan for the (name) Municipal Alliance grant for fiscal year 2019-2020 in the amount of:  
DEDR                   \$ \_\_\_\_\_  
Cash Match           \$ \_\_\_\_\_  
In-Kind                \$ \_\_\_\_\_
  
2. The Township/Borough/City Council acknowledges the terms and conditions for administering the Municipal Alliance grant, including the administrative compliance and audit requirements.

APPROVED: \_\_\_\_\_  
*(Name), Mayor*

**CERTIFICATION**

I, (name), Municipal Clerk of the Township/Borough/City of \_\_\_\_\_, County of \_\_\_\_\_, State of New Jersey, do hereby certify the foregoing to be a true and exact copy of a resolution duly authorized by the Township/Borough/City Council on this (day) day of (month), (year) .

\_\_\_\_\_  
*(Name), Municipal Clerk*

Governor's Council on Alcoholism and Drug Abuse  
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**FORM IC**

**STATEMENT OF ASSURANCES**

In accepting this grant it is understood that the grantee agrees to abide by the following rules and conditions:

1. The activities proposed herein will be conducted in compliance with the provisions of P.L. 1989,c. 51, and in accordance with state and Federal statutes, as well as regulations and policies promulgated by either the state or Federal government.
2. All proposed prevention/early intervention efforts have been coordinated with existing services and systems in the community and demonstrate strong linkages with existing alcoholism, drug abuse and related agencies and services.
3. The activities proposed herein identify and address identified logic model problem sequence.
4. The Municipal Alliance Committee has been consulted in the development of this strategic plan.
5. The proposed project is designed to be one component within a larger context of planning for alcoholism and drug abuse prevention, education and intervention in the community.
6. The proposal includes provisions for the training of key alliance members. The municipal alliance shall consult with the County Alliance Steering Subcommittee to plan such training.
7. The municipality has committed the necessary financial resources and administrative support to accomplish the activities proposed herein.
8. The municipality shall use the proposed funding to increase the level of funds that would, in the absence of such a grant, be made available by the municipality for the purposes described herein. In no case will funds supplant, or will efforts funded pursuant to section 2 of P.L. 1983, C.531 be duplicated.
9. The municipality shall provide data to the Governor's Council on Alcoholism and Drug Abuse for the purpose of evaluating the effectiveness of the projects funded by this grant program.
10. If the use of funds changes from the uses proposed herein, the municipality shall request a budget revision pursuant to guidelines established by its County Alliance Steering Subcommittee.
11. The municipality shall keep such records and provide such information to the Governor's Council on Alcoholism and Drug Abuse and/or the County Alliance Steering Subcommittee as may be required for fiscal audit.
12. The municipality shall provide a plan to the County Alliance Steering Subcommittee to the use of unused or accrued portions of the grant. If such a plan is not presented and accepted, the municipality shall return those funds to the Governor's Council on Alcoholism and Drug Abuse.
13. The facts, figures and representations made in this strategic plan, including exhibits and attachments hereto, are true and correct to the best of my knowledge.

**FORM ID**

**FISCAL REQUIREMENTS**

In accepting this grant it is understood that the grantee agrees to abide by the following rules and conditions:

1. The applicant agrees to repay any portion of the amount granted which is not used for the purpose of the grant.
2. The applicant agrees to develop a comprehensive plan to provide matching funds equivalent to the amount of the award.
3. The applicant agrees to submit full and complete records on the manner in which the community intends to acquire matching funds in accordance with County Steering Subcommittee regulations.
4. The applicant agrees to submit detailed and accurate accounting of the expenditures to the funding source in accordance with County Steering Subcommittee regulations.
5. The applicant agrees to submit periodic reports of the progress made in accomplishing the purpose of the grant and the method adopted to satisfy the fundraising goals as requested by the County Alliance Steering Subcommittee.
6. The applicant agrees not to use any of the funds to directly influence legislation or the outcome of an election or to undertake any activity for any purpose foreign to the purpose of this grant.
7. In the event the applicant fails to generate matching funds at the end of the contract period, the applicant shall submit documentation explaining the failure.
8. At the end of the fiscal year in which this grant falls, the applicant shall submit a financial statement explaining its use as well as any statistics and narrative which will indicate what this grant has accomplished in accordance with County Alliance Steering Subcommittee regulations.
9. The municipality or lead municipality will maintain information required about cash and in-kind match.

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**FORM 2**

**ALLIANCE VISION AND MISSION**

**Alliance Name:**

**County: Somerset**

**Last Updated: \_\_\_\_\_**

<p>Municipal Alliance Vision:</p> <p>A vision statement describes what the Alliance seeks to accomplish. It is the difference between “what is” and “what ought to be”.</p> <p>Example: The vision for Utopia Alliance is a healthy, vibrant community free of misuse and abuse of alcohol, tobacco and other drugs.</p>	
<p>Municipal Alliance Mission:</p> <p>A mission statement describes the Alliance’s role in making the vision a reality. This statement often explains the unique role the group plays in facilitating a robust community problem solving process directed at substance abuse. This is the vehicle to achieve the vision.</p> <p>Example: The mission for the Utopia Alliance is to transform the town of Utopia into a community that nurtures youth and families by engaging residents in a process of ongoing community problem solving to reduce substance abuse.</p>	

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**FORM 3**

**MUNICIPAL ALLIANCE COMMITTEE MEMBERSHIP LIST**

**Alliance Name:**                      **County:** Somerset **Grant Year:** 2019-2020 **Last Updated:**

INDIVIDUAL REPRESENTATIVE	MAILING ADDRESS AND E-MAIL	TERM	SECTOR
			Mayor and/or governing body (or designee)
			Chief of police (or designee) and other law enforcement agencies
			School district administrative staff and/or school board member
			Student assistance coordinator or other student support services staff member
			A representative of the Parent-Teacher Association or other Home-School Association
			Parents and/or guardians
			A representative from Youth Services Organizations
			A representative of the Chamber of Commerce or local businesses
			Representatives of local civic or volunteer groups
			Representatives of local Faith Based Organizations
			Private citizens with interest or experience in issues concerning alcohol or drug abuse, addiction or juvenile delinquency
			Youth representatives
			Older adult representatives
			Individuals who have been affected by alcoholism or drug abuse, including individuals who have been directly affected by their own or family members abuse or addictions
			Health and Human Service agencies/professionals; especially health care professionals including Pharmacists, Physicians or Therapists, etc.
			Representatives of the local communications media; or Public Relations
			Representatives of public and private organizations involved in the prevention or treatment of alcoholism and drug abuse and/or the regional coalition

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Alliance Name: \_\_\_\_\_

County: \_\_\_\_\_

Priority Addressed: \_\_\_\_\_

Last Updated: \_\_\_\_\_

Logic Model 2014-2018 Grant Cycle

Problem Statement	Root Causes "But why?"	Local Conditions "But why here?"	Interventions
Data:	1 Data: LC:	1 Data:	
	2 Data: LC:	2 Data:	
	3 Data: LC:	3 Data:	
	4 Data: LC:	4 Data:	



As part of Prevention Unification with:





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**FORM 5**  
**Municipal Alliance Committee Capacity Assessment Tool**

**Alliance Name:** \_\_\_\_\_ **County: Somerset** **Grant Year: 2019-2020** **Last Updated: \_\_\_\_\_**

The assessment tool serves as BOTH a tool to evaluate the current capacity of the Municipal Alliance Committee and a resource to build-up and strengthen the structure and function of the Committee. The goal is to increase the Municipal Alliance's community identity and participation to affect community-wide change.

- At a minimum, the assessment check list must be completed and included in the Strategic Plan and annual updates
- On a quarterly basis, it is recommended that the Municipal Alliance Committee will evaluate their Improvement Plan section.
- At a minimum, the outcomes of the Improvement Plan section will be reviewed by the county at the annual Site Visit.

It is important that the Improvement Plan be reassessed on a regular basis as capacity building is an ongoing and fluid process which is subject to both internal and external changes.

**Overall Section Score:** Committee Members rate the Municipal Alliance's overall score in each category. Scores are rated '1 through 5'; 5 is the highest score and 1 is the lowest score. All categories rated 2 or below must be addressed in the improvement plan section. The committee may choose to strengthen any categories rated '3' or above

Date of Assessment: \_\_\_\_\_ Number of members participating in the assessment: \_\_\_\_\_

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<i>Category</i>	<i>Considerations</i>	<i>Overall Section Score</i>	<i>Successes/Challenges/Comments</i>	<i>Improvement Plan <u>Steps to build &amp; strengthen structure and function.</u></i>
<b>A. Membership</b> (see suggested sectors on page 2)	<ol style="list-style-type: none"> <li>1. All sectors are represented on the committee</li> <li>2. Community cultural demographics are represented on the committee.</li> <li>3. The committee encourages collaborations with community partners.</li> <li>4. Diversity issues are discussed at meetings.</li> <li>5. Cultural sub-groups are included in all aspects of the SPF (i.e. assessment, planning, implementation, evaluation, etc.) to insure cultural relevance.</li> <li>6. Members receive copies of membership listing.</li> </ol>			
<b>B. Meeting Place/Time &amp; Room Preparation</b>	<ol style="list-style-type: none"> <li>1 The meeting site is appropriate in size/location and represents the group as a Municipal government organization.</li> <li>2 The meeting time fits-in with member schedules.</li> <li>3 There is adequate signage: Members/public easily locate the meeting place.</li> <li>4 There is adequate seating prepared prior to the start of the meeting. The seating arrangement is conducive to discussion.</li> <li>5 Sign-In Sheets, Agendas, and Hand-Outs are visible and available.</li> </ol>			

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<b>C. Vision &amp; Mission Statements and Bylaws</b>	<ol style="list-style-type: none"> <li>1.The Municipal Alliance has Vision and Mission Statements.</li> <li>2.The Municipal Alliance's Bylaws are current.</li> <li>3.Members have copies of the Vision and Mission Statements and Bylaws.</li> <li>4.The Vision and Mission Statements are available at each meeting.</li> </ol>			
<b>D. Welcome</b>	<ol style="list-style-type: none"> <li>1.Current literature hand-outs about the Municipal Alliance are on file.</li> <li>2.Special attention is given to New Members, Public Participants, Presenters, and Visitors at meetings; and they receive Alliance information.</li> <li>3. Round Table introductions are conducted prior to start of each meeting.</li> </ol>			
<b>E. Decision Making</b>	<ol style="list-style-type: none"> <li>1.A clear summary statement (motion) is presented to members prior to a vote.</li> <li>2.All members are given an opportunity to express opinions and participate in discussions.</li> </ol>			
<b>F. Program Information and Outcomes</b>	<ol style="list-style-type: none"> <li>1. Members are informed of activity/program descriptions, progress, and outcomes at each meeting.</li> </ol>			
<b>G. Correspondence</b>	<ol style="list-style-type: none"> <li>1.Meeting reminders/follow-up and meeting minutes are sent to all members.</li> <li>2Alliance Correspondence (Local, County, State) is shared with members.</li> </ol>			

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<b>H. Training</b>	1. Training opportunities are available for members. Cultural Competency training is provided and new members are oriented.			
<b>I. Acknowledgements</b>	1. The committee has a process in place for recognizing the efforts of volunteers or community partners.			
<b>J. Feedback</b>	1. Members are encouraged to make suggestions and share ideas regarding the organizational structure of the committee.			
<b>K. Resources and Collaborations</b>	<ol style="list-style-type: none"> <li>1. The Municipal Alliance maintains a list of membership resources (See Community Anti Drug Coalitions of America "<i>Capacity Primer</i>" p. 12-18 and Appendix 2 of the Guidelines)</li> <li>2. The Municipal Alliance informs the governing body of programs and activities.</li> <li>3. Community organizations are invited to Municipal Alliance Committee meetings to discuss ATOD issues and resources.</li> <li>4. There is a listing of current Community Resources to build community partnerships.</li> <li>5. The Municipal Alliance supports other community organizations' ATOD prevention programs.</li> </ol>			

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<b>L. Subcommittees</b>	1.The Municipal Alliance creates subcommittees when appropriate to achieve the program and activity goals. Relevant non-members are considered for inclusion on the subcommittee.			
<b>M. Other Suggestions</b>				

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**FORM 6**

**Alliance Coordination Plan**

*(Complete this form if there is a paid Municipal Alliance Coordinator.)*

**Alliance Name:**

**County: Somerset**

**Last Updated: \_\_\_\_\_**

<p><b>Coordinator Information:</b> Name Street Address City, State Zip Phone Number Email</p>	
<p><b>Job Responsibilities:</b> Identify responsibilities of the Coordinator.</p>	
<p><b>Role in the Municipality:</b> Define your role in the municipality and to whom you report. If you are also a municipal employee, please list your title.</p>	
<p><b>Coordination Budget and Resources:</b>  Complete this section for administrative coordination services only. This does not include any program implementation services. Please provide a detailed breakdown including hourly rate or salary.</p> <p><b>*Information from this section must be placed on Form 8 under Alliance Coordination.</b></p>	<p><b>DEDR Total \$</b> DEDR—Personnel/Twp Employee---\$ DEDR---Consultant—\$ DEDR—Other Direct Cost—\$</p> <p><b>Cash Match Total \$</b></p> <p><b>In-Kind Total \$</b></p>
<p><b>Program Implementation:</b> Are you also being paid to implement any Alliance programs? If so, please detail the program and responsibilities. Complete this section for program implementation services only. This does not include administrative coordination services. Please provide a detailed breakdown including hourly rate or salary.</p>	<p><b>DEDR Total \$</b> DEDR—Personnel/Twp Employee---\$ DEDR---Consultant—\$ DEDR—Other Direct Cost—\$</p> <p><b>Cash Match Total \$</b></p>

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<p><b>*Information from this section must also be accounted for as part of the program information included on Form 7 and 8. This does not get included on Form 8 under Alliance Coordination.</b></p>	
<p><b>Grand Total Costs:</b></p> <p>Add both sections above (Coordination Budget and Resources AND Program Implementation) to provide a grand total.</p>	<p><b>DEDR Total \$</b>  DEDR—Personnel/Twp Employee---\$  DEDR---Consultant—\$  DEDR—Other Direct Cost—\$</p> <p><b>Cash Match Total \$</b></p> <p><b>In-Kind Total \$</b></p>

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**FORM 7**

## Alliance Action Plan

*(Complete one form for each intervention to be addressed by the Alliance.)*

**Alliance Name:**

**County: Somerset**

**Last Updated:**

Drug Priority:

Root Cause:

Goal (Long term outcome):

Local Condition:

Objective (Intermediate outcome):

Strategy/ies:

<b>Plan for Action</b>	<b>Activity/Program:</b> Specific name of activity/program		
	<b>Brief Description:</b> What is the main purpose of this activity? What will participants/target population learn? How will they benefit?		
	<b>When, Where, and How:</b> When will this take place? What is the timeframe for this activity/program? How much? How often?		
	<b>Target Population:</b> How many people are being served? Who is this impacting?	<b>Number of participants/recipients:</b>	
		<b>Primary Population:</b>	<b>Primary Ethnicity:</b>
	<b>Other Populations Reached:</b>	<b>Other Ethnicities Reached:</b>	
<b>Community Partners:</b> Who else is collaborating on this project? List partners.			
<b>Plan for Implementation</b>	<b>Budget and Resources:</b>  MUST PROVIDE BREAKDOWN WITH ESTIMATED DETAILS	<b>DEDR Total \$</b> DEDR—Personnel/Twp Employee—\$ DEDR—Consultant—\$ DEDR—Other Direct Cost—\$ <b>Cash Match Total \$</b> <b>In-Kind Total \$</b>	
	<b>Responsible Members for Implementation:</b> Who is implementing this program & what are their credentials? Provide resume.  If not identifying the exact person / provider, what are the qualifications you will be seeking for the position(s)? Provide job description.		



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Plan for Evaluation	<b>Measure Process and Outcome Indicators:</b> Process goals: # of sessions, # of unduplicated people attending each session Short term goals: What would you learn/benefit?	<b>Process goals:</b>  <b>Short term goals:</b>
	<b>Tools/Instruments use to collect information:</b> Process tools: Attendance sheets Short term tools: Pre/post test, survey, questionnaire	<b>Process tools:</b>  <b>Short term tools:</b>



**FORM 10**  
**PROCESS AND SHORT TERM- CUMULATIVE EVALUATION**

*(Complete one form at the completion of each activity as listed in the strategic plan. If the activity is comprised of multiple interventions, use Form 10A to monitor each component and then cumulate the information onto this form so there is one form for the comprehensive intervention.)*

**Alliance Name:**

**Activity Name:**

**Last Updated:**

<p><b>Activities and Timeframe:</b> List activity/ies and dates. Indicate if the activity is running in multiple cycles.</p> <p>Examples: There is only 1 program that runs in 1 cycle: Peer Leadership: Weekly sessions from October 1, 2014-May 31, 2015</p> <p>If there is 1 program that runs in multiple cycles: Parent Seminars: Cycle #1: Sept 1 – Dec 20, 2014 Cycle #2: Feb 3- May 25, 2015</p> <p>If there are multiple programs that run as part of 1 intervention: Community Prevention Education: National Night Out- August 5, 2014 Recovery Month Fair- September 8, 2014 Red Ribbon Week- October 23-31, 2014</p>	
<p><b>Process Indicators:</b></p> <p>Process evaluation is used to determine if the target audience was reached, if the Alliance stakeholders were engaged, and if the intervention/program was delivered as intended. This is the first step in evaluating an intervention's effectiveness since it is conducted as the program is occurring. Process evaluation is conducted at the start of the program through year one of implementation.</p> <p>This section coincides with Form 7 in determining if your process outcomes are being fulfilled as anticipated during program planning. Process evaluation provides the opportunity to makes changes early on in the program to ensure maximum effectiveness.</p>	<p># of Participants: _____ # of Sessions: _____</p> <p># of Volunteers: _____ Total hours for all sessions: _____</p> <p><b>Process outcomes:</b></p> <ul style="list-style-type: none"> <li>• Was the activity implemented as designed? Yes _____ No _____</li> <li>• Did the activity run for the intended number of sessions? Yes _____ No _____</li> <li>• Was the target population reached? Yes _____ No _____</li> <li>• Were your collaborative partners involved on this project? Yes _____ No _____</li> <li>• Were community partners engaged? Yes _____ No _____</li> <li>• Did community partners have input in the intervention / program? Yes _____ No _____</li> <li>• Was the program delivered by the person originally identified to run the program? Yes _____ No _____</li> </ul> <p><b>Process Outcome Successes:</b></p> <p><b>Process Outcome Challenges:</b></p> <p><b>Comments:</b></p>

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<p><b>Short term Indicators:</b></p> <p>Short-term evaluation determines if the intervention/program has met its intended goal of changing attitudes, knowledge or skills within the population it is serving. The data used to determine short-term outcomes should be accessible within 1-3 years of the intervention's start date.</p> <p>This section coincides with Form 7 in determining if your short term outcomes are being fulfilled as anticipated during program planning.</p> <p>The information provided should answer the questions in narrative form.</p>	<p><b>Short term outcomes:</b></p> <ul style="list-style-type: none"><li>• What type of short term measurement tool was used?</li> <li>• Did the intervention/program change attitudes, knowledge or skills of the participants?</li> <li>• Was the change as expected prior to the program start?</li> <li>• Is the intervention/program doing what it intended to do?</li> <li>• Were the participants satisfied with the intervention/program?</li></ul> <p><b>Short Term Outcome Successes:</b></p> <p><b>Short Term Outcome Challenges:</b></p> <p><b>Comments:</b></p>
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**FORM 11**  
**INTERMEDIATE EVALUATION**

*(Complete one form after the interventions have been in place for two years.)*

**Alliance Name:**

**Drug Priority:**

**Last Updated:**

**Root Cause:**

**Goal:**

**Local Condition:**

**Objective:**

<p><b>Activities:</b> List activity/ies and timeframes that contribute to this local condition.</p>	
<p><b>Intermediate Data Indicators:</b> Intermediate evaluation determines if the intervention is making a difference in the problems detailed in the Alliance's local conditions identified on the logic model. The data used to determine intermediate outcomes should be accessible by year two of the intervention's start date.  This section coincides with the local conditions listed in the Municipal Alliance's logic model.  Use the updated data sources identified in the logic model to determine if changes to the local conditions have been effective.</p>	<p><b>Intermediate Data Sources:</b></p>
<p><b>Intermediate Outcome Indicators:</b> By comparing the data sources used to identify the local condition on the logic model with the current data available for those sources, the Municipal Alliances will be able to identify changes to the local condition.</p>	<p><b>Intermediate Data Source Results:</b></p> <ul style="list-style-type: none"> <li>• Is there a positive result in achieving the intended objective outlined for the local condition being addressed by this intervention/program?</li> <li>• Is the local condition improving? If so, how?</li> <li>• Do the data sets defining the local conditions show the results of the positive outcomes?</li> </ul> <p><b>Intermediate Outcome Successes:</b></p> <p><b>Intermediate Outcome Challenges:</b></p> <p><b>Comments:</b></p>