

Park City Municipal Corporation Request for Applications: FY24-FY25 Mental Health Special Service Contracts Application Form

Instructions: Review and complete the form below (Sections 1-5). Please provide an electronic copy of this application and requested attachments to Hans Jasperson at hans.jasperson@parkcity.org by 5:00 PM on Friday, September 18, 2023.

Mental Health Special Service Contract Goals:

The services provided through the Mental Health Special Service Contracts (MHSSC) will significantly bolster PCMC's capacity to efficiently and effectively address the mental health needs of Park City Residents. Projects that place emphasis on facilitating and promoting new and innovative programs and initiatives will be given priority consideration. Prospective applicants are expected to comprehensively address one or more of the following Summit County Mental Health Alliance's Strategic Plan objectives in their application:

- 1. Expand community access to mental health and substance abuse programs and services in Park City.
- 2. Increase prevention and education around mental health and substance abuse in Park City.
- 3. Ensure the success and sustainability of mental health and substance abuse programs and services in Park City.
- 4. Establish systems to support life during recovery and reintegration into the community.
- 5. Ensure equity of mental health and substance abuse programs and services for Latino community members.

These goals are included in the Summit County Mental Health Alliance's Strategic Plan. A full copy of the Strategic Plan can be found on the **Summit County website**.

In addition to addressing one or more of these goals,

The questions listed in this application are designed to meet the City's criteria for Special Service Contracts as outlined in the City's Budget Policies and objectives.

Note on Fiscal Sponsorships: Applicants who do not hold a federally recognized nonprofit status may apply for a Special Service Contract under the fiscal sponsorship of a nonprofit organization.

Please complete all five (5) sections of the application, including requested attachments.

Sec	ction 1: Organization Contact Information		
1.	Organization Name:		
2.	Applicant Contact Name and Title:		
3.	Address:		
4.	Phone:	-	
5.	E-mail:		
6.	Organization Executive Director:		
7.	Executive Director Email:		_
8.	Organization website:		
Sec	ction 2: Organization Eligibility		
9.	Is your organization a federally recognized nonprofit?	Yes	No
10.	Does your organization provide mental health services to Park City residents?	Yes	No
11.	Does your organization have a history of non-discrimination in providing programs or services?	Yes	No
12.	Does your organization have a strategic plan or quantifiable goals and objectives?	Yes	No
	Does your organization have a track record of compliance with Park City contracts?	Yes	No
14.	Can your organization certify the fair market value of services included in the application is equal to or exceed the total amount of compensation requested from the City?		No
15.	Total Grant Amount Requested (total for 2 years):	\$	

Section 3: Community Benefit

16. Provide specific details on how the requested funds will be used, with a description of the program or activity, clearly identifying which of the listed 5 mental health goals from the Summit County Mental Health Alliance's Strategic Plan are being addressed. Funds may

not be used for scholarship-type activities or the purchase of equipment. ($limit\ answer\ to\ one\ page/500\ words$)

17. How will the program or project address a specific need within the community? How will the community benefit from this service? (half page/250-word limit)
Section 4: Organizational Background and Sustainability
18. What is your organization's mission statement?
19. List quantitative and/or qualitative goals (with specific targets) that can be used to measure how the requested funding will be used for the intended purpose. (half page/250-word limit)

project. In	nclude any re	levant partr	nerships. (li	mit answer	to one pag	e/500 words	')

21.	Itemize and describe specifically how your organization will spend the funds that you are requesting. Be as SPECIFIC as possible (for example: \$500 for marketing and promotional materials; \$2,500 to support staffing salaries, \$1,500 for program materials). This is NOT a description of the program. (half page/250-word limit)
Sec	etion 5: Attachments
22.	Required: The most recently approved annual budget, listing other sources of potential funding for the outlined program or project.
	I have attached the required documentation.
23.	Required: Two (2) years of financial statements, including Balance Sheet, Income Statement, Statement of Financial Position, Activity Statement, etc. ***OR***
	Most recent Independent Auditors' Reports
	I have attached the required documentation.
24.	Required: EEO Statement and Non-discrimination policy.
	I have attached the required documentation.
25.	Optional: Copy of the organization's most recently approved strategic plan or other supporting documents.

Additional Information:

Successful applicants will be required to enter into Park City's Special Service Contract Agreement, in its current form, with the City. A draft of the agreement is attached to this application as Exhibit "A" and incorporated herein.

Park City Municipal Corporation reserves the right to reject any proposals for any reason. Proposals lacking the required information will not be considered. All submittals shall be public records in accordance with government records regulations ("GRAMA") unless otherwise designated business confidential by the applicant and approved by the City under Utah Code §§ 63G-2-305 & -309, as amended.

Application Certification:

I certify the information included in this application is accurate and complete to the best of my knowledge.

Signed:	Date:	

Enclosed Exhibits

Attachment 1 - Business Confidentiality Request Form Exhibit "A" – Sample Special Service Contract Agreement