PROJECT BUILD UP

PBU 2.0 Grant Application Questions

All applications must be submitted online via Blackbaud by Monday, June 2, 2025, at 11:59 PM EST. No late submissions, mailed, emailed, or faxed applications will be accepted.

How to apply

- Before starting the application, we suggest that you review the application questions outlined here. We highly recommend that you first draft responses in a document, then copy and paste your answers into the online form.
- To start your application, create an account in Blackbaud. We recommend that you create an account as soon as possible to avoid any delays with submitting your application.
- You **DO NOT** need to complete your application in one sitting. Just be sure to click the green "Save Draft" button in the bottom left before exiting. You can return to your application anytime using the link emailed to you.

Required Materials

The following items will be required with your submission:

1. Contact/Organization Information (A, B)
2. Grant Information (C)
3. Capacity Building Needs (D)
4. Narrative (written, presentation slides, or video) (E)
5. Workplan using provided template (F)
6. Budget using provided template (G)
7. Partnership letter using provided template (if applicable) (H)
8. Proof of tax-exempt status

Section A – Contact Information

If you are applying on behalf of a partnership, collaboration, or coalition, please choose one organization to serve as the lead applicant and submit only their information in this section. If you are not applying with a fiscal sponsor, you are the lead.

1. Tax ID/Employer Identification Number (EIN)

2. Fiscal Agent Organization Name
   Fiscal Agent Address
   Website Address

3. Lead Applicant Organization Name
   Lead Applicant Address
   Website Address

4. CEO/Executive Director's Name
   CEO/Executive Director's Email Address
   CEO/Executive Director Phone Number

5. Primary Contact's First Name
   Primary Contact's Title
   Primary Contact's Email Address
   Primary Contact's Phone Number

6. Budget Contact's Name
   Budget Contact's Title
   Budget Contact's Email Address
   Budget Contact's Phone Number

Section B – Organizational Information

1. Organizational operating budget for the most recent fiscal year.

2. Which population(s) does your organization serve through its work? Please select all that apply, from the list below. Please use "Other" to describe any other populations your organization serves that are not listed below.
   o Adults
   o Aging citizens
   o Neurodiversity
   o Veterans
   o Youth/young adults
   o Immigrant communities and/or refugee communities
   o People with experiences of being unhoused/homelessness
   o People with experiences of incarceration/release from incarceration
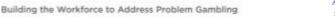   o People who experience disabilities

o Other (please specify)

3. Is your organization led by Black, Indigenous, or People of Color?
   o Yes
   o No

4. Is your organization led by people with lived experience of problem gambling, substance use, or mental health challenges?
   o Yes
   o No

5. Is your organization and staffing representative of the communities you aim to serve?
   o Yes
   o No

6. Geographic area(s) served. Check all that apply.
   o Barnstable County
   o Berkshire County
   o Bristol Count
   o Dukes County
   o Essex County
   o Franklin County
   o Hampden County
   o Hampshire County
   o Middlesex County
   o Nantucket County
   o Norfolk County
   o Plymouth County
   o Suffolk County
   o Worcester County

Section C – Grant Information

1. Funding Amount Requested

2. Applicant Eligibility Category
   o Existing Problem Gambling Treatment Providers
   o New Providers Committed to Problem Gambling Treatment Services
   o Referral and Workforce Capacity-Building Partner

3. Is your organization currently a BSAS funded program?
   o Yes
   o No

4. Your organization must offer problem gambling-related services to be eligible for this funding. Which part(s) of the continuum of behavioral health and addiction does your organization's work address? Check all that apply.
   o Prevention refers to screening and outreach programs that screen for addictive behaviors.
   o Treatment refers to clinical and other types of approaches to treat addictive behaviors, which are listed in the RFP.
   o Recovery refers to programs to support recovery for addictive behaviors/addiction, including peer-supported and peer-led recovery.

5. Outpatient treatment services your organization currently provides or plans to provide by the end of this grant period. Check all that apply.
   o Peer support
   o Counseling
   o Support groups
   o Therapy
   o Intensive day treatment
   o Other (please specify)

6. Workforce development capacity to be increased with these funds. Check all that apply.
   o Outreach Coordinators & Ambassadors: Engage communities, raise awareness, and connect individuals to services.
   o Peer Support & Recovery Specialists: Have lived experience and provide mentorship, coaching, and guidance in recovery.
   o Community Health Workers (CHWs): Assist with navigation of treatment resources and provide culturally responsive support.
   o Licensed Counselors & Therapists: Trained in behavioral interventions and gambling treatment
   o Other (please specify)

7. Target population(s) to be served with this funding. Check all that apply.
   o Individuals with a history of substance use and/or mental health challenges
   o Youth and young adults
   o Boys and men
   o Immigrant and communities of color
   o Individuals with a family history of gambling problems and/or addiction
   o Individuals excessively engaging in other high risk or addictive behaviors, like gaming, online shopping, sex, etc.
   o Individuals living in communities with high rates of gambling
   o Individuals experiencing financial vulnerability

8. Below is a list of specific activities that Project Build Up is intended to support. If awarded funding, which of these activities would you prioritize? Check all that apply.
    o Certifications, training, and continued learning opportunities related to problem gambling treatment, specifically BSAS and/or OPGS-sponsored trainings
    o Cost of the Massachusetts Problem Gambling Specialist (MA PGS) application
    o Stipends for staff, consultants, and individuals with lived experience to build knowledge and skills, support outreach, and deliver services for problem gambling
    o Material development, website enhancements, or other outreach efforts to promote your organization's gambling services
    o Translation and interpretation services to ensure culturally and linguistically appropriate materials and services
    o Collaboration with local small businesses to identify job opportunities and connect individuals to employment.
    o Developing and implementing evaluation tools to assess the impact of problem gambling treatment programs
    o Reimbursement for 1) any days of work missed by fee-for-service providers to attend gambling training, 2) clinical supervision, coaching, and/or mentoring relating to gambling treatment or 3) costs associated with implementing new recruitment and retention strategies for certified gambling treatment providers
    o Hosting listening sessions, focus groups, or community events to better understand community needs and tailor services accordingly.
    o Developing policies, protocols, and workflows to integrate problem gambling treatment into existing services.
    o Establishing referral networks with other providers, such as mental health, substance use, and primary care organizations, to ensure a continuum of care.
    o Partnering with experienced providers for guidance and support in implementing effective problem gambling treatment programs.
    o Strengthen internal systems to identify, screen, and refer individuals to treatment.
    o Host outreach and education events to raise awareness about problem gambling and promote treatment services offered by partner organization.
    o Collaborate with treatment partners to co-design referral processes, coordinate care, and share data.
    o Hold regular check-ins with partners to track referrals, address challenges, and improve coordination.

Section D – Capacity Building Needs

Response to the following questions will not affect your application and will only be used to shape technical assistance, learning opportunities, and evaluation expectations for awardees.

1. What types of capacity-building support would strengthen your organization and program's ability to address problem gambling? Check all that apply.
    o Preparing program staff for MA Problem Gambling Specialist (MAPGS) certification
    o Integrating problem gambling education into ongoing staff supervision, mentoring, and training
    o Disseminating new research, trends, and resources about problem gambling to staff

PROJECT BUILD UP | Building the Workforce to Address Problem Gambling

HEALTH RESOURCES IN ACTION

- Increasing organizational capacity to apply a racial equity framework to policies and practices
- Increasing staff capacity to apply cultural humility in working with patients/clients
- Addressing addiction-related bias and stigma among staff or with clients
- Improving outreach and promotion of problem gambling services
- Strengthening screening, treatment, or referral processes
- Building cross-sector or clinical partnerships
- Support with data collection or evaluation related to problem gambling
- Other (please specify)

2. Does your organization and program have experience with evaluation activities related to grant reporting, such as completing surveys or questionnaires?
   - Yes, extensive experience.
   - Yes, some experience.
   - Yes, limited experience.
   - No, no experience.

3. Describe current reporting activities including any tools used/systems in place to track information.
   [OPEN ENDED]

4. Do you have any concerns or anticipated challenges related to the evaluation expectations for this grant?
   [OPEN ENDED]

Section E – Narrative

The following questions must be answered as part of your narrative, for a total of 80 points. Your budget, workplan, and partner letter (if applicable) will be scored together for 20 points. Applications can be submitted as written narratives, presentation slides, or video.

1. **Organization Overview (5 pts.)**: Provide a brief description of your organization's mission, programs, and the community you serve.

2. **Capacity Building Needs (20 pts.)**: How will this funding expand your capacity to promote and provide problem gambling treatment services? What steps has your organization already taken to establish problem gambling services? What structural challenges and service barriers are you currently facing and how will these resources help you address them and increase access?

3. **Approach (20 pts.)**: Describe your organization's approach to addressing problem gambling across the continuum of behavioral health and addiction. What specific strategies do you or will

you use to integrate lived experience, racial equity, and culturally responsive practices into your staffing, program design, and delivery?

4. **Proven Commitment to Target Populations (20 pts.)**: Summarize your experience providing problem gambling awareness, outreach, or services to the target population. What strategies have you used to connect with and build strong, trusting relationships with the target population? How have you learned and adapted your outreach or services to better meet their needs? Share specific examples or stories that illustrate your reach and impact.

5. **Innovation (15 pts.)**: Describe any innovative strategies your organization currently uses or plans to implement to address problem gambling. These may include non-traditional partnerships or pathways, such as partnering with schools, community leaders, or creative strategies for reaching target populations.

Option 1: Written Narrative

- 2-3 pages max
- 12-point, Times New Roman font, 1-inch margins
- Use of bullets and not full paragraphs are welcome
- Answer questions in order
- Consider word counts as a guide not a requirement
- You can include and weave in photos or graphics as you see fit

Option 2: Presentation Slides

- 6-8 slides max
- Answer each question in order
- Ensure the information you provide is clear with detailed information when you are addressing each question; remember you are not presenting live and won't be able to provide nuanced details
- Use a font that is easily readable
- Use art/photos to help convey your message
- Create clear labels for charts and graphs
- Make slide backgrounds subtle and consistent
- Use high contrast between background and text colors
- Save presentation as a PDF before submitting

Option 3: Video

- 5 minutes max
- Answer questions in order; state the question you are answering
- Use imagery and interviews to help convey your message if possible
- If you include any graphics, ensure labels are clear and backgrounds are subtle and consistent

- Upload video to a video website such as YouTube, Vimeo, etc. and include the URL in your application.

For applicants choosing to submit videos:

- Applicants are not expected to develop highly produced videos. The intention of offering videos as a format for applications is to enable creative options for answering application questions beyond a written narrative. The choice of formats is up to applicants. Reviewers' assessments of videos will be based on content rather than production quality.
- If you plan to submit in video format, we highly encourage you to utilize the technology available to you and tap into your community's existing resources (for example: local media, high school video clubs, local businesses, or youth organizations). We also encourage you to rely on economical, user-friendly means such as smartphones and/or online video-production platforms, such as Animoto.com, Windows Photos, iMovie. There are also other user-friendly platforms that offer video editing tools for free or at a nominal cost, such as Canva.

Section F – Workplan

Submit a workplan using the template provided. Workplans should outline your implementation strategy, including key activities, timelines, and expected outcomes to support the successful delivery of treatment services.

- If you are **already providing treatment services**: Include a detailed plan focused on building capacity for your workforce and growing your treatment services.
- If you are **setting up treatment services**: Describe the resources, staffing, and partnerships needed to launch your program, and outline a phased approach with key milestones and projected timelines.
- If you are **partnering with a treatment provider to increase referrals**: Outline your strategy to build internal capacity for outreach, screening, and referrals. Describe your communication and coordination plan with the treatment partner, including how you will support and manage the referral process.

Section G – Budget

Submit a budget using the template provided. The budget should include a detailed account of budget items and a brief explanation for the line item, including what staffing supports, resources, and infrastructure support is needed to be successful. This should align with your workplan. In addition to funded activities, grant dollars can be allocated for:

- Staff/personnel and fringe benefits,
- Direct operational costs (e.g., communications, meeting expenses, supplies, equipment, etc.).
- Up to 15% of the direct project costs can be utilized for indirect or overhead expenses.

Section H – Partnership Letter *(if applicable)*

This must be completed by applicants who intend to use grant funding to build organizational and workforce capacity to increase referrals to a therapeutic or clinical treatment partner. In a two-page letter, describe the following:

- Role of each partner,
- Background and experience of the treatment provider,
- How your organizations will collaborate to meet the goals of this funding opportunity, including communication or tools for referrals, and
- How the treatment partner will support and manage the anticipated increase in referrals.