

Request for Proposals for Mental Health, Intellectual Disability, and Aging Payroll Tax Funds

Boone, Campbell, and Kenton Counties Human Services Departments

The Human Services Departments of Boone, Campbell, and Kenton Counties oversee and monitor the distribution of Payroll Tax funds that support mental health, intellectual disability, and aging services in each respective county. Assuming the availability of tax funds, the Fiscal Courts will independently allocate funds each year to organizations that provide mental health and intellectual disability programs that address the needs of residents in each county. The aging tax funds are distributed to organizations that respond to the needs of citizens who are 60 years of age and older.

The application covers one (1) Fiscal Year commencing on July 1st for Boone and Campbell Counties, and June 1st for Kenton County. Applications must be filled out in Microsoft Excel format. Submit the online form to all three counties (Boone, Campbell and Kenton Counties) no later than 11:59 p.m. on Tuesday, January 16, 2018.

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Prior to entering data, please print this page.

Required Software

Microsoft Excel version 2010 or newer.

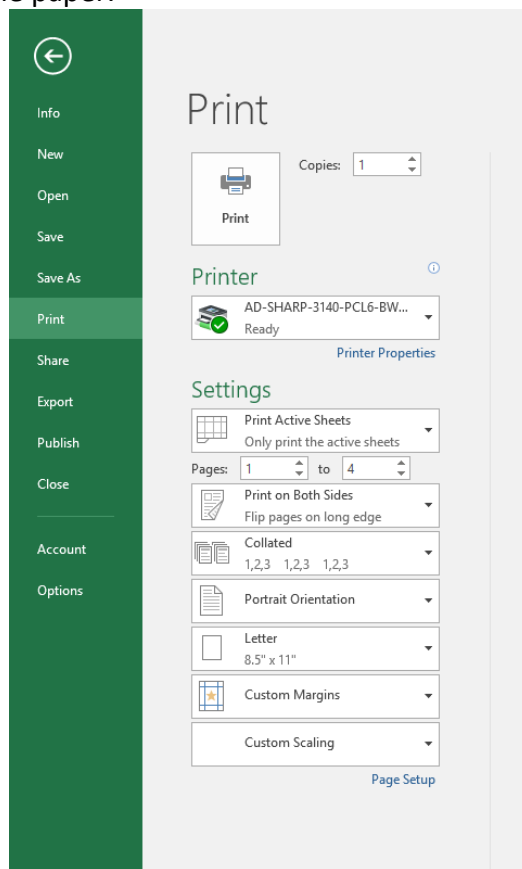
Application Directions

“Application” tab:

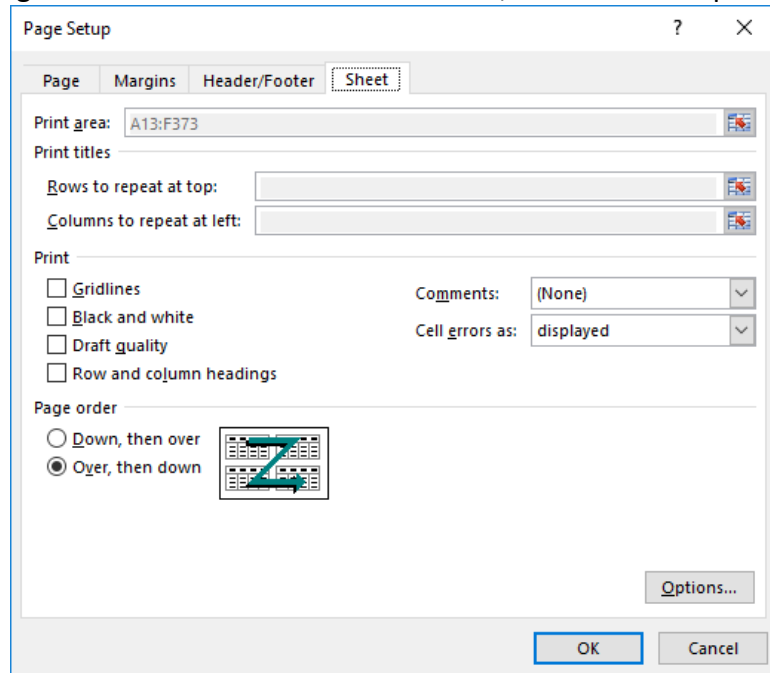
This protected page only allows data entry into white and yellow cells inside the application area (columns B thru F). Please do not change any formatting of this Excel document, otherwise, your application may not be accepted.

To Print Application(s) in Excel 2013 (may vary depending on Excel version):

1. On the File menu, click Print.
2. Do **NOT** adjust the Custom Margins or Custom Scaling settings.
3. In the Print dialog box, choose to print the amount of pages needed. If your agency is applying for one program, you will print pages 1 to 4; two programs, you will print pages 1 to 6, etc.
4. Print on both sides of the paper.



5. If your application is not printing correctly, click on the “Page Setup” link on the Print dialog box and go to tab titled “Sheet”. Select “Over, then down” as pictured below.



Other Requirements and Documentation

Please submit the following attachments with your application to each county:

1. A PDF copy of the most recent audit and IRS 990, if applicable
2. A PDF copy of answers to the following questions for each program:
 1. Number of clients waiting for service by county and average waiting time, if applicable.
 2. Include measurable program outcomes. If outcomes are not available, when will you be able to report?
 3. Some services or products, such as meals, have a cost per meal in addition to delivery cost that may vary based on the price of gasoline and the distance for delivery. If applicable, please forward a copy of the delivery cost sheet.

Final Directions

1. Applications must be emailed by the organizational leader to the 3 county representatives listed below:
L.Pleiman@boonecountyky.org
A.Reinecke@campbellcountyky.org
Bryan.Norton@kentoncounty.org
2. **Excel file name:** FY19 App Agency Name
Example: FY19 App Smiths Food Inc.
3. **Email subject line:** "Application from" followed by the name of your agency.
Example: Application from Smiths Food Inc.