# New Jersey Department of Education *Notice of Grant Opportunity*

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New Jersey Department of Education

Office of Grants Management

December 2023

## Notice of Grant Opportunity Mental Health Screening in Schools Grant Program (Year 1 of 4)

**24-BC47-H03**

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December 2023

**ORG/APU # 5064-236**

**Application Due Date**: Thursday, January 18, 2024

[New Jersey Department of Education](http://www.state.nj.us/education)

P.O. Box 500

Trenton, NJ 08625-0500

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## Section 1: Grant Program Information

### Description of the Grant Program

**The New Jersey Department of Education was awarded the Federal School-Based Mental Health Services (SBMHS) Grant in December 2022. The funds provided through that program will support New Jersey in increasing the diversity and number of certificated school-based mental health professionals (school psychologists, school counselors and school social workers) in local educational agencies (LEAs) demonstrating increased need. This notice of grant opportunity for the Mental Health Screening in Schools (MHSS) Grant Program was developed to provide funding and resources to allow LEAs involved in the School-Based Mental Health Services Grant to implement depression screening programs to identify students in the grades seven through twelve who are at risk of depression and related symptoms. The New Jersey Department of Education (NJDOE)** will award a total of $750,000 each project period for the five-year grant program.

Depression is the most common mental health disorder among American teens and adults, with over 2.8 million young people between the ages of 12 and 17 experiencing at least one major depressive episode each year, approximately 10 to 15 percent of teenagers exhibiting at least one symptom of depression at any time, and roughly five percent of teenagers suffering from major depression at any time. Teenage depression is two to three times more common in females than in males.

Various biological, psychological, and environmental risk factors may contribute to teenage depression, which can lead to substance and alcohol abuse, social isolation, poor academic and workplace performance, unnecessary risk taking, early pregnancy, and suicide, which is the third leading cause of death among teenagers. Approximately 20 percent of teens with depression seriously consider suicide and one in 12 attempt suicide. Untreated teenage depression can also result in adverse consequences throughout adulthood.

Most teens who experience depression suffer from more than one episode. It is estimated that, although teenage depression is highly treatable through combinations of therapy, individual and group counseling, and certain medications, fewer than one-third of teenagers experiencing depression seek help or treatment.

The proper detection and diagnosis of depression is a key element in reducing the risk of teenage suicide and improving physical and mental health outcomes for young people. It is therefore fitting and appropriate to establish school-based depression screenings to help identify the symptoms of depression and facilitate access to appropriate treatment.

#### Populations to be served:

A LEA that receives an award under the grant program shall make available to each student in the grades seven through 12 an annual health screening for depression.

#### Duration of the Grant Program:

**This pilot program will begin Thursday, February 1, 2024 and conclude Friday, December 31, 2027. The project periods, subject to the availability of appropriated funds, are:**

* **Project Period 1 is from February 1, 2024 to December 31, 2024**
* **Project Period 2 is from January 1, 2025 to December 31, 2025**
* **Project Period 3 is from January 1, 2026 to December 31, 2026**
* **Project Period 4 is from January 1, 2027 to** December 31, 2027

**NOTE: The award will be issued on an annual basis contingent on continued program eligibility, program performance and availability of federal funds.**

#### Participation of Project Schools:

The NJDOE has selected 11 LEAs to participate in the SBMHS Grant Program. These 11 LEAs will be able to apply for the MHSS Grant Program to provide funding **and resources to implement depression screening programs. This program will enable each LEA to identify students in the grades seven through twelve who are at risk of depression**.****

The 11 LEAs that were selected represent diverse geographical regions of New Jersey and are distributed across 7 of New Jersey’s 21 counties throughout the northern, central, and southern regions. Eligible LEAs represent a cross-section of LEAs from urban, suburban, and rural areas of the state.

****

The participating LEAs will be allowed to select the Mental Health Screener that will be administered, so long as the screener satisfies the criteria outlined in the NGO. The NJDOE is taking into consideration the regional and size diversity to ensure an equitable distribution of funds. A total of $750,000 will be distributed among the grantees for the first project period. The funds for this program are 100% funded by the “Mental Health Screening in Schools Grant Program Fund” (P.L. 2021, CHAPTER 237). Additional information on Chapter 237 can be found in Appendix A. Participating LEAs will utilize the funds to **implement depression screening programs which are designed to identify students in the grades seven through twelve who are at risk of depression**.** The following chart, which can also be found in Appendix B, describes the maximum award amounts available to each of the LEAs participating in this opportunity:**

|  |  |
| --- | --- |
| **LEA** | **Maximum Award Amount** |
| Bogota Public School District | $59,238 |
| Collingswood Public School District | $62,198 |
| Cumberland Regional School District | $62,093 |
| Gloucester Township Public Schools | $63,618 |
| Hackensack School District | $68,398 |
| Hillside Public School District | $63,235 |
| Jackson Township School District | $74,735 |
| Perth Amboy Public School District | $76,708 |
| Pinelands Regional School District | $63,840 |
| Township Of Union School District | $73,340 |
| Union City School District | $82,593 |

### Eligibility to Apply

**The Mental Health Screening in Schools (MHSS) Grant Program is a limited opportunity for high-needs LEAs selected to participate in** the SBMHS Grant Program. Eligible LEAs are described in the chart above and are recipients of the School-Based Mental Health Services Grant Program.

### Federal Compliance Requirements

In accordance with the Federal Fiscal Accountability Transparency Act (FFATA), all grant recipients must have a valid Unique Entity Identifier (UEI) number (which replaces the DUNS number) and is obtained through registration (new or renewal) with the System for Award Management (SAM).

* To register with the SAM database, go to [www.sam.gov](https://nam04.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.sam.gov%2F&data=05%7C01%7CLuiz.Pereira%40doe.nj.gov%7C09388d3cbbbd4a2b96c408dac25b8e96%7C4b4f7312dd094959b666d5ba6dc8f4b4%7C0%7C0%7C638035995744011782%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=XYrY605S707YRGSkF9H%2B%2FQYx%2F1fMR%2Fy2YXfq3rexsrc%3D&reserved=0).

Please note that beginning Fiscal Year 2023, all applicants for discretionary grants must complete and submit a System for Award Management (SAM) application in EWEG, which should include the LEAs UEI information, prior to the applicant being able to create and submit a discretionary grant application in EWEG.

Key steps/actions:

1. Create and submit the AWARD Management SAM application in EWEG if your entity has applied for or has received other grants from the NJDOE.
2. When completing the AWARD Management SAM application, entities must enter an active SAM UEI.
3. To renew an existing SAM UEI or apply for a SAM UEI, entities must go through [www.sam.gov](https://nam04.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.sam.gov%2F&data=05%7C01%7CJeannie.Weaver%40doe.nj.gov%7Cd3ae21e0bc3b417d28de08db1f4eb24d%7C4b4f7312dd094959b666d5ba6dc8f4b4%7C0%7C0%7C638138195081595109%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=noIG8XfjN6gpwOz7mvumdSkhX0KBMAO2GVL4H0ptOus%3D&reserved=0).

Failure to complete or update the AWARD Management SAM application in EWEG will prevent the applicant to view, create, and submit applications in the EWEG system.

**No award will be made to an applicant, not in compliance with FFATA.**

### Statutory/Regulatory Source and Funding

The applicant’s project must be designed and implemented in conformance with all applicable state and federal regulations. The MHSS Grant Program is 100% funded by the “Mental Health Screening in Schools Grant Program Fund” (P.L. 2021, CHAPTER 237). T**he NJDOE intends to** award a total of $750,000 each project period for the four-year grant program. The distribution of funds will be in accordance with the amounts described above, which were determined by calculating the total number of students in grades 7-12 enrolled in each district, multiplying the total number of eligible students by 5 to cover the cost of a screener, then dispersing the remaining funding between the 11 eligible LEAs.

****NOTE:**** Final awards are subject to the availability of **“**Mental Health Screening in Schools Grant Program Fund.”

The first project period is February 1, 2024 to December 31, 2024 and will align with the SBMHS Project Period 2 start date. The entire program period is February 1, 2024 to June 30, 2027.

ORG/APU # 5064-236. Account #24-100-034-5064-236-H400-6130

### Dissemination of This Notice

The Division of Educational Services will make this notice available to eligible applicants who are recipients of the School-Based Mental Health Services Grant Program, to the Office of Comprehensive Support Team Leaders and to the county superintendents of the counties in which the eligible agencies are located.

Additional copies of the NGO are also available on the NJDOE’s [Discretionary Grant](http://www.nj.gov/njded/grants/discretionary/) web site or by contacting the Office of Student Support Services at the New Jersey Department of Education, River View Executive Plaza, Building 100, Route 29, P.O. Box 500, Trenton, NJ 08625-0500; telephone (609) 376-9109; fax (609) 633-9655

### Technical Assistance

Technical Assistance information will be given on an individual basis, as appropriate, for this grant programs. If the applicant would like to set up a phone conference call for technical assistance, please call the Office of Student Support Services at 609-376-3514.

**Application Submission**

The NJDOE administers discretionary grant programs in strict conformance with procedures designed to ensure accountability and integrity in the use of public funds and, therefore, willnot accept late applications.

The responsibility for a timely submission resides with the applicant. The Application Control Center (ACC) must receive the completed application through the online [EWEG](https://njdoe.mtwgms.org/NJDOEGMSWeb/logon.aspx), system accessed through the NJDOE [Homeroom](http://homeroom.state.nj.us) web page, **no later than 4:00 P.M. on Thursday, January 18, 2024**. Without exception,the ACC will not accept, and the Office of Grants Management (OGM) cannot evaluate for funding consideration, an application after this deadline.

Each eligible applicant must have a login ID and password to access the system. Applicants should send an email request to the EWEG help desk ([eweghelp@doe.nj.gov](mailto:eweghelp@doe.nj.gov)) to request a login ID and password. Please allow 24 to 48 hours for the registration to be completed.

Please direct questions regarding access to EWEG to [eweghelp@doe.nj.gov](mailto:eweghelp@doe.nj.gov).

The NJDOE advises applicants to plan appropriately to allow time to address any technical challenges that may occur. Additionally, applicants should run a consistency check at least 24 hours before the due date to determine any errors that might prevent submission of the application. Applicants are advised not to wait until the due date to submit the application online as the EWEG system may be slower than normal due to increased usage. Running the consistency check does not submit the application. When the consistency check runs successfully, a submit button will appear. Once the submit button is clicked, the application may not be edited, additional information may not be submitted, and the application can no longer be accessed or returned. **Please Note: The submit button in the EWEG system will disappear as of 4:00 PM on the due date.**

Complete applications are those that include all elements listed in Section 3.3, Application Component Checklist of this notice. Applications received by the due date and specified time will be screened to determine whether they are, in fact, eligible for consideration. The New Jersey Department of Education (NJDOE) reserves the right to reject any application not in conformance with the requirements of this NGO.

**Paper copies of the grant application will not be accepted in lieu of the EWEG application. Applications submitted via FAX will not be accepted under any circumstances**.

### Reporting Requirements

Grant recipients must submit periodic project and fiscal progress reports. All reports will be submitted through the EWEG system. All reports are cumulative. Reports for this program will be due as follows:

|  |  |  |
| --- | --- | --- |
| **Annual Reporting**  **(Project Period 1)** | **Reporting Period** | **Due Date** |
| Project Period 1 Interim Report | February 1, 2024–June 30, 2024 | July 31, 2024 |
| Project Period 1 Final Report | February 1, 2024–December 31, 2024 | February 28, 2025 |

The grantee will be required to submit the above reports through the online EWEG system at [http://homeroom.state.nj.us](http://homeroom.state.nj.us/) on the dates specified above. Accompanying the program report, grantees are required to submit a narrative summary of activities conducted during the reporting period. This summary may be submitted as an upload within EWEG. The final program and fiscal report must include a final evaluation report of the overall effectiveness of the training and technical assistance activities. Accompanying each quarterly report is a narrative summary of activities conducted during the reporting period. NJDOE reserves the right to request additional reports throughout the year if necessary. After the final report is reviewed and approved, at all four levels in EWEG, a payment will be issued, if funds were due to the agency. A list of tips for working in the EWEG system can be found in Appendix C.

### Assessment of Statewide Program Results

The NJDOE will utilize all available data to assess the effectiveness of the grant recipient. Data may include, but is not limited to, participant evaluations, follow-up surveys, interim reports, and deliverables outlined in this NGO.

The NJDOE will select an external evaluator for this program pursuant to [P.L.2021 c.237](https://pub.njleg.gov/bills/2020/PL21/237_.PDF). The evaluator will assess the impact of the project as a whole, and will include components of both the SBMHS Grant Program and the MHSS Grant Program, and support the development of the annual performance reports that are required by the United States Department of Education (USDE).

Additionally, in accordance with [P.L.2021 c.237](https://pub.njleg.gov/bills/2020/PL21/237_.PDF), the grant recipient will be responsible for developing a report, in collaboration with the external evaluator, on the results of the depression screener to send to the Department of Education and the Department of Children and Families. This report shall include:

1. The costs of the programs to the districts and to parents or legal guardians of students, as well as any co-pays received by practitioners as part of the depression screening programs;
2. the number of students identified as at risk of depression by the depression screenings in each district;
3. the number of students who were provided mental health services as a result of the screenings;
4. the number of students who were identified as needing follow-up services; the number of school staff members involved in the depression screening process and the time spent administering the screening;
5. best practices utilized by the districts or mental health providers in implementing the depression screening programs;
6. the health, academic, and safety benefits associated with establishing a depression screening program and an evaluation of any potential negative impacts on LEAs and families that may be associated with implementing a depression screening program; and
7. findings and recommendations concerning additional resources that may be necessary to screen adolescents for depression and to provide follow-up services to adolescents who have exhibited abnormalities in depression screenings.

As part of the final report each year and as part of the final cumulative report, the grant recipient must evaluate the overall effectiveness of training and technical assistance activities. Federal legislation requires that the local evaluation is based on the factors included in the listed Measures of Effectiveness. For this NGO, the Measures of Effectiveness are defined as follows:

Additionally, the results of the evaluation must be used to refine, improve, and strengthen project activities. More information will be available to the grant recipient. The NJDOE reserves the right to request returned funds if the report is deemed insufficient and unsatisfactory.

### Reimbursement Requests

Payment of grant funds is made through a reimbursement system. Reimbursement requests for any grant funds the local project has expended are made through the Electronic Web-Enabled Grant (EWEG) system. Reimbursement requests may begin once the application has been marked “Final Approved” in the EWEG system, and the grant recipient has accepted the award by clicking on the “Accept Award” button on the Application Select page and completing the Grant Acceptance Certificate information. Payments cannot be processed until the award has been accepted in EWEG. The last date to submit a modification request in EWEG is October 31, 2024.

This grant program is both state and federally funded. The funding for this program have an expiration date after which grant funds, even appropriately spent, cannot be reimbursed. It is the responsibility of the awarded agency to avoid forfeiting grant funds by creating and submitting reimbursement request and report by the requested deadlines. The date to submit the last reimbursement request is November 11, 2024 . If approved, the last reimbursement request should be paid by end of November or early December. Please keep in mind that the EWEG system cannot process both Reimbursement Requests and Final Reports simultaneously.

Only one (1) request may be submitted per month. Grant recipients must submit their request no later than the 10th of the month. The requests may include funds that will be expended through the last calendar day of the month in which reimbursement is requested. If the grant recipient’s request is approved by the NJDOE program officer, the grant recipient should receive payment around the 8th–10th of the following month.

#### Electronic Payments

In order to receive electronic payments from the State of New Jersey, the New Jersey Department of Treasury requires the grantee to submit the *Electronic Payment Authorization for Automatic Deposits (ACH Credits) form* and the *W-9/Vendor Questionnaire form* directly to the Department of Treasury. These forms can be found on the [Department of Treasury website](https://www.nj.gov/treasury/omb/pdf/forms/W9.pdf). Please contact vendor control at (609) 633-8183 or via email to [AAIUNIT@treas.nj.gov](mailto:AAIUNIT@treas.nj.gov) or contact the Office of Budget and Accounting at 609-292-1865 with any questions regarding these forms. Forms must be submitted to Treasury concurrently with the EWEG application; however, please DO NOT submit these forms with this NGO.

**Note:** The NJDOE will not approve any reimbursement request(s), if the grantee has any outstanding report(s), including but not limited to the interim reports and final reports.

## Section 2: Project Guidelines

### Project Design Considerations

The intent of this section is to provide the applicant with the framework within which it will plan, design, and develop its proposed project to meet the purpose of this grant program. Before preparing applications, potential applicants are advised to review Section 1.1, Description of the Grant Program, of this NGO along with [P.L.2021 c.237](https://pub.njleg.gov/bills/2020/PL21/237_.PDF), to ensure a full understanding of the state’s vision and purpose for offering the program. Additionally, the information contained in Section 2 will complete the applicant’s understanding of the requirements that are to be considered and/or addressed in their project. When submitting an application, the agency must use the EWEG online application system located [here](http://homeroom.state.nj.us/). Please refer to section 1 for further details.

Through [Chapter 237](https://pub.njleg.gov/bills/2020/PL21/237_.PDF), $750,000 was appropriated in order to provide funding and resources to allow select districts to implement research based depression screening programs that would enable them to identify students in grades 7-12 who are at risk for depression.

NOTE: The passage of N.J.A.C 6A:23A-7 placed additional administrative requirements on the travel of school LEA personnel. The applicant is urged to be mindful of these requirements as they may impact the ability of LEA personnel to participate in activities sponsored by the grant program.

Each LEA that receives an award under the grant program shall make available to each student, with parental consent, in the grades seven through 12 an annual health screening for depression. The LEA shall meet the following conditions when implementing its depression screening program:

1. the LEA shall use a research-based screening tool in its depression screening program conducted by a licensed mental health professional or through a partnership with an organization or healthcare provider specializing in pediatric and adolescent mental health to conduct the screenings. Nothing in this subsection shall prohibit a LEA from using a self-administered screening tool as part of the depression screening program;
   * A list of vetted screeners can be found in Appendix D
2. the screenings shall be conducted in a manner that permits real time evaluation of the screening results and same day intervention by a licensed mental health professional as indicated by the screening;
3. the LEA shall ensure that the screenings will be conducted in a manner that accommodates bilingual education students, students with disabilities, and students with low reading proficiency when conducting the screenings;
4. the screenings shall be conducted in a manner that ensures the privacy of the student during the screening process and the confidentiality of the results, consistent with State and federal laws applicable to the confidentiality of student records and mental health records;
5. pursuant to the provisions of P.L.2001, c.364 (C.18A:36-34), the LEA shall obtain written informed consent from a student’s parent or guardian prior to the screening;
6. the LEA shall develop a form to obtain permission from a student’s parent or guardian to conduct the screening; and
7. the LEA shall forward data collected from the screenings to the Department of Education and the Department of Children and Families in a form and manner to be determined by the Department of Education, provided that any data forwarded shall be aggregated and shall not contain any identifying or confidential information with regard to any individual. This will be uploaded into EWEG during the interim and final reports.

In the event that a LEA chooses to partner with an organization or healthcare provider specializing in pediatric and adolescent mental health to conduct the depression screenings, the partner organization or provider may also provide mental health services as deemed necessary by the organization or provider and as consented to by a student’s parent or guardian. A district partnering with an organization or healthcare provider specializing in pediatric and adolescent mental health may develop a form to obtain parental consent and student health insurance information as necessary to satisfy the provisions of any partnership agreement.

The NJDOE will select an external evaluator through a separate procurement process to explicitly evaluate the impact of the use of depression screenings, as well as, conduct an evaluation reports describing this entire grant program.

In addition to the measures above, the external evaluator, and/or the NJDOE Leadership Team will conduct site visits to each LEA, meet at least quarterly to review target data and discuss each grantee’s progress, and deliver technical assistance and support to each LEA to ensure they are on track to meet the criteria outlined in this NGO. If an LEA is showing a weakness in one metric, the NJDOE will pair technical assistance from the external evaluator to provide support in partnership with the NJDOE project coordinator.

Each LEA selected for participating in the grant program will be required to prepare and submit to the Commissioner a report on its experience with, and the effects of, the grant program, in collaboration with the external evaluator. This report will be a composite report that will include the final reports submitted for each year of the LEA’s participation in the Depression Screening Pilot Program. The LEA reports describing the impacts of the depression screener will inform the Commissioner’s recommendation whether to expand the MHSS program to other LEAs in the state. LEA’s will use a template provided by the NJDOE to craft their reports.

### Project Requirements

#### Project Abstract*:*

#### Providea summary of the proposed project’s need, purpose, and projected outcomes. The proposed project and outcomes must cover the full multi-year grant period. Do not include information in the abstract that is not supported elsewhere in the application.

#### Project Description:

Describe in a detailed narrative the complete 4-year project design (February 1, 2024 – June 30, 2027), which will correspond to each of the project periods and the plan for implementing the project. Include an anticipated schedule and description of how the selected screener will be implemented, with fidelity, while adhering to the guidelines put forth in this NGO. Provide assurance that the LEA’s administrative team will ensure equitable access to the screener and that it will be conducted in a manner that accommodates bilingual education students, students with disabilities, and students with low reading proficiency when conducting the screenings. Describe how the LEA will evaluate the results of the screener in real time and provide same day intervention by a licensed mental health professional if warranted by the screener. Each LEA should also clearly describe their action steps following the administration of the screener to identify and support at-risk/high-risk students with follow-up school-based mental health services. Finally, each LEA should describe how this screener will support the overall operations of the LEA.

#### Considerations:

* To avoid overwhelming the capacity of the LEA and participating schools, carefully consider scheduling for administering the screeners. It is not required nor advised to screen all students in a single day.
* Collaborate with university partners and professional associations to identify licensed mental health professionals to assist with screening processes and same-day interventions.
* Explore [NJMentalHealthCares Directory of Services](https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.njmentalhealthcares.org%2Fdirectory-of-services%2F&data=05%7C01%7CLuiz.Pereira%40doe.nj.gov%7Cf53cc7ae158e4ff394c408dba982b975%7C4b4f7312dd094959b666d5ba6dc8f4b4%7C0%7C0%7C638290151137263003%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=NE9yt7pmhIYKEOrcNXtRimQeSPaZKqgbp9YDZXCLbEk%3D&reserved=0) and/or the New Jersey Department of Human Services’ [Directory of Mental Health Services](https://www.nj.gov/humanservices/dmhas/home/hotlines/MH_Dir_COMPLETE.pdf) to identify potential project partners.
* Contact the regional NJ4S Hub to request assistance for screening support and same-day intervention.
* Select a screener that can be implemented with available capacity at the LEA.

Nothing in this subsection shall:

1. Prohibit a LEA from using a self-administered screening tool as part of the depression screening program.
2. Be construed to affect a LEA’s ability to provide additional or supplemental services to a student as required by, or as consistent with, any applicable provision of State or federal law.

In the Project Description the applying LEA must address the following:

1. A description of the depression screening program to be implemented by the LEA and an explanation of how the district will make available to each student in the grades seven through 12 an annual health screening for depression.
2. Details concerning the research-based screening tool that will be used by the district or whether the district will partner with an organization or healthcare provider specializing in pediatric and adolescent mental health to conduct the screenings.
3. A request and justification for the amount of funding sought by the district under the grant program.
4. A description of how the grant funding will be used to further the purposes of the depression screening program, including hiring additional personnel, purchasing materials, or contracting with outside entities.
5. If necessary, how the district will adhere to the screener being conducted by a licensed mental health professional or through a partnership with an organization or healthcare provider specializing in pediatric and adolescent mental health to conduct the screenings.
6. As applicable, the details of any partnership with an organization or provider specializing in pediatric and adolescent mental health services, which shall include, but not be limited to, the name of the organization or provider, the number of students being served by the organization or provider, the expected timeframe to screen the students, the costs associated with engaging in a partnership with the organization or provider, and the location where the screenings will take place. A LEA shall detail whether student health insurance information will be required under its agreement with a partner organization or provider, how it will obtain that information, and what accommodations will be made for uninsured or underinsured students whose parents or guardians have consented to the depression screening.
7. How the screenings shall be conducted in a manner that permits real time evaluation of the screening results and same day intervention by a licensed mental health professional as indicated by the screening.
8. How the LEA shall ensure that the screenings will be conducted in a manner that accommodates bilingual education students, students with disabilities, and students with low reading proficiency when conducting the screenings.
9. How the screenings shall be conducted in a manner that ensures the privacy of the student during the screening process and the confidentiality of the results, consistent with State and federal laws applicable to the confidentiality of student records and mental health records.
10. How the LEA shall develop a form to obtain permission from a student’s parent or guardian to conduct the screening.
11. How, pursuant to the provisions of P.L.2001, c.364 (C.18A:36-34), the LEA shall obtain written informed consent from a student’s parent or guardian prior to the screening;
12. A description of how the district will ensure that the parent or guardian of a student whose screening for depression detects an abnormality is notified of such abnormality and how it will advise the parent or guardian of the services available through a partner organization or provider or supply the parent or guardian with resources to assist in the acquisition of the services of a health care professional in order to obtain further evaluation and diagnosis.
13. How the LEA shall collect and aggregate data from the screenings to use in the required NJDOE report, while ensuring that it does not contain any identifying or confidential information with regard to any individual.

Each LEA selected for participating in the MHSS Grant Program will be required to prepare and submit to the Commissioner a report on its experience with, and the effects of, the program. This progress shall be created in consultation with the external evaluator selected by the NJDOE. To ensure your district is positioned to develop a sufficient performance report, the NJDOE advises selected LEAs to consult the NJDOE’s program coordinator to ensure the program reports includes sufficient information. Each district will be required to submit an interim report and a final report. The district reports, along with a comprehensive report developed by the grantees will describe, at a minimum:

1. The costs of the programs to the districts and to parents or legal guardians of students, as well as any co-pays received by practitioners as part of the depression screening programs;
2. the number of students identified as at risk of depression by the depression screenings in each district;
3. the number of students who were provided mental health services as a result of the screenings;
4. the number of students who were identified as needing follow-up services; the number of school staff members involved in the depression screening process and the time spent administering the screening;
5. best practices utilized by the districts or mental health providers in implementing the depression screening programs;
6. the health, academic, and safety benefits associated with establishing a depression screening program and an evaluation of any potential negative impacts on LEAs and families that may be associated with implementing a depression screening program; and
7. findings and recommendations concerning additional resources that may be necessary to screen adolescents for depression and to provide follow-up services to adolescents who have exhibited abnormalities in depression screenings.

Additionally, the grant recipient agrees to:

* Utilize assessment tools in conjunction with the external evaluator to assess the quality and depth of the program;
* Provide necessary and anonymized data to the external evaluator to complete required evaluation of project activities and their impact
* Meet with NJDOE staff and/or the external evaluator on a quarterly basis;

The applicant must address the following supporting goals within the Project Description section:

**A. Implement an annual depression screening program to each student in grades seven through 12.**

The intent of this grant programis to provide funding to high-need LEAs to select and administer a depression screener for students in grades seven through 12. Each selected LEA will be required to provide evaluation of the screener in real time by a licensed mental health provider and provide same-day intervention if warranted by the results of the screener.

#### Goals and Objectives.

#### Establish a local goal that aligns with the approved School-Based Mental Health application. Using the goal(s), create objectives that are: (1) relevant to the selected goal, (2) applicable to grant-funded activities, (3) clearly written, and (4) measurable. Objectives should clearly illustrate the plan to achieve the goal(s). They must be achievable and realistic while identifying the "who, what, and when"of the proposed Project. Objectives must be results-oriented and clearly identify what the Project is intended to accomplish. They must contain quantitative information, benchmark(s), and how progress will be measured. Objectives should also link directly to the stated needs and provide a time frame for completion.​

#### Applications must also include a plan to evaluate the project's success in achieving its goal and objectives. Indicators of success must be established for each project objective. In constructing the indicators, describe the methods that will be used to evaluate the progress toward achievement of the goal and objectives, as well as the overall grant project outcomes. Also, describe the measures and instruments to be used in the indicators, the individuals responsible for developing and conducting the evaluation, and how results will be used to improve project outcomes. Well-constructed indicators of success will help establish a clear understanding of responsibilities and a system of accountability for the Project. They will also help to determine whether or not to refine an aspect of the Project to ensure overall success.

#### Review the Statement of Need (in the approved School-Based Mental Health application) before and after constructing the objectives to ensure that the objectives address identified needs;

#### Identify the anticipated outcomes of the Project in measurable terms and relating to the stated needs;

#### Define the population to be served;

#### Identify the timeline for implementing and completing each objective;

#### Identify the level of performance expected to indicate the achievement of the objective; and

#### Make certain to construct measurable indicators of success that directly link to and support project objectives.

#### Project Activity Plan:

**The Activity Plan is for the current grant period (February 1, 2024 – December 31, 2024).** Activities represent the steps that the grant recipient will take to achieve each identified objective. Also, the activities that are identified in this section serve as the basis for the individual expenditures that are being proposed in the budget. The Project Activity Plan must directly support the budget, as it will serve as the basis for the proposed expenditures. Activities described must be specific and measurable and directly relate to the goal and objective. For example, the following is an unacceptable activity: “Meetings with community partners, community entities, collaborators.” A more acceptable activity would be: “The project consultant will meet with school leadership and community entities on a bi-annual basis.”

State the relevant objective in full in the space provided. Number the Goal 1 and each objective 1.1, 1.2, 1.3, etc.

* Describe all of the tasks and activities planned for the accomplishment of each goal and objective.
* List all the activities in chronological order.
* Space the activities appropriately across all report periods of the grant project.
* Identify the staff directly responsible for the implementation of the activity. If the individual conducting the activity is not referenced appropriately on the Project Activity Plan, it may not be possible to determine an allocation of the requested cost, and costs may be disallowed.
* List the documentation that tracks the progress and confirms the completion of each activity, such as agenda, minutes, curriculum, etc.
* In the Report Period Column on the Project Activity Plan, indicate with a checkmark the period in which the activity will be implemented. If the activity is ongoing or recurring, place a checkmark in the boxes under each period in which the activity will talk place.
* Do not list the project director or other person with general oversight authority for the project as the “person responsible” for carrying out all activities.

There is a statement of assurances page that must be submitted with this application and uploaded into EWEG. It can be found in Appendix E.

#### Budget:

#### Budget Design Considerations

Once the objectives that will guide the work in the implementation phase of the grant have been prioritized, begin to develop the details of the budget that will be necessary to carry out each activity.

The applicant’s budget must be well-considered, necessary for the implementation of the project, remain within the funding parameters contained in this NGO, and demonstrate prudent use of resources. The budget will be reviewed to ensure that costs are customary and reasonable for implementation of each project activity.

The applicant must provide a clear explanation describing how each cost is aligned to the goals, objectives, and activities in the Project Activity Plan. In addition, the applicant must provide documentation and details sufficient to support each proposed cost.

Please see Appendix F for Budget Development instructions.

Guidance on constructing a grant budget may be found in the [Pre-award Manual for Discretionary Grants](https://nj.gov/education/grants/discretionary/apps/)

**The budget submitted as part of the application is for the current grant period only (February 1, 2024–December 31, 2024).**

The NJDOE will remove from consideration all ineligible costs, as well as costs not supported by the Project Activity Plan. The actual amount awarded will be contingent upon the applicant’s ability to provide support for its proposed budget upon application and ultimately will be determined by the NJDOE through the pre-award revision process. The applicant’s opportunity to make pre-award revisions will be limited by the NJDOE which is not responsible either to provide repeated opportunities for revisions or to permit reallocation of the funds previously requested for costs that have not been approved or have been disallowed. The LEA will receive a partial award upon selection for this grant opportunity by the SEA and the remaining award will be made available after the New Jersey State Budget is approved.

### Budget Requirements

Budget requests should be linked to specific project activities and objectives of the SBMHS Grant Program.

The provisions of N.J.A.C. 6A:23A-7 contain additional requirements concerning prior approvals, as well as expenditures related to travel. It is strongly recommended that the applicant work with their business administrator when constructing the budget. The NJDOE applies these restrictions uniformly to all grant recipients. Unless otherwise specified, the following restrictions apply to all grant programs:

* No reimbursement for in-state overnight travel (meals and/or lodging)
* No reimbursement for meals on in-state travel
* Mileage reimbursement is capped at $.47/mile

| LEA Maximum Award Amounts: LEA | Maximum Award Amount |
| --- | --- |
| Bogota Public School District | $59,238 |
| Collingswood Public School District | $62,198 |
| Cumberland Regional School District | $62,093 |
| Gloucester Township Public Schools | $63,618 |
| Hackensack School District | $68,398 |
| Hillside Public School District | $63,235 |
| Jackson Township School District | $74,735 |
| Perth Amboy Public School District | $76,708 |
| Pinelands Regional School District | $63,840 |
| Township Of Union School District | $73,340 |
| Union City School District | $82,593 |

#### Eligible Costs

Funds may cover:

1. Salaries and benefits for project staff;
2. Purchase of project materials and supplies for grant-funded project activities;
3. Identification, selection, and orientation of grant-funded staff;
4. Computer(s) for the purpose of program administration and implementation;
5. NJDOE approved training or professional development for grant-funded staff;
6. Other grant related expenses (e.g., printing, telephones, postage, travel) that are necessary to perform grant administrative functions; and
7. Administrative costs equaling no more than 10% of the total budget.

**Note:** Out-of-state travel not documented in the approved grant application requires prior approval from the applicant’s program officer.

#### Ineligible Costs

Funds provided under this grant may not be used for the following costs:

1. Food, including snacks and refreshments, for any professional development training or workshop;
2. Vehicle purchases;
3. Construction or capital improvements;
4. Religious practices or programs;
5. Costs that are not directly related to the implementation of grant activities;
6. Membership to associations or organizations;
7. In-state overnight meals and/or lodging;
8. Meals on in-state travel;
9. Mileage reimbursement in excess of $.47 per mile; and
10. Indirect costs.

**Note**: Ineligible costs, as well as costs not supported by the activity plan, will be removed from consideration.

## Section 3: Completing the Application

### General Instructions for Applying

To apply for a grant under this NGO, applicants must prepare and submit a complete application. The application must be a response to the State’s vision as articulated in Section 1: Grant Program Information of this NGO. It must be planned, designed and developed in accordance with the program framework articulated in Section 2: Project Guidelines of this NGO. The applicant may wish to consult additional guidance found in the [Pre-Award Manual for Discretionary Grants](https://nj.gov/education/grants/discretionary/apps/). You must submit your application using the online EWEG system found at [NJ Homeroom](http://homeroom.state.nj.us/). Paper copies of the application **will not be accepted**.

### Review of Applications

Applications will be reviewed by the designated program office and the office of grants management for completeness and accuracy.

Please be advised that in accordance with the Open Public Records Act P.L. 2001, c. 404, all applications for discretionary grant funds received September 1, 2003 or later, as well as the evaluation results associated with these applications, and other information regarding this process, will become matters of public record upon the completion of the evaluation process, and will be available to members of the public upon request.

The applicant will be required to initiate the PAR process by accessing the EWEG system, creating an amendment for the application and submitting the amendment through EWEG to the NJDOE**.** You will not be able to make changes on any of the application pages at this time**.** Questions on how to submit an amendment should be directed to the [EWEG help desk](mailto:eweghelp@doe.nj.gov).

### Application Component Checklist

The following components are required (see “Insert(X)if included” column) to be included as part of the application. Failure to include a required component may result in the application being removed from consideration for funding. Use the checklist (see “Insert(X)if included” column) to ensure that all required components have been completed in the application.

#### Required Components in EWEG

| **EWEG Tab/Subtab** | **Insert (X) if included** |
| --- | --- |
| Admin (Contacts, Allocation, Assurance, Board Resolution) |  |
| Budget |  |
| Narrative (Abstract, Description, Goals/Objectives/Indicators, Activity Plan, etc.) |  |

#### Required Components to Upload in EWEG

| **Component** | **Insert (X) if included** |
| --- | --- |
| “Entity Overview” page from the applicant’s [SAM](http://www.sam.gov) profile. |  |
| Statement of Assurances (Appendix E) |  |

## Section 4: Appendices

### APPENDIX A: Governing Statute for Consideration

|  |
| --- |
| P.L.2021 c.237(Chapter 237) |
| Annual Health Screening for Depression |
| * Make available to each student grades 7-12 an ANNUAL health screening for depression * Research-based screening tool in its depression screening program conducted by:   + A licensed mental health professional; or   + Throughout partnership with an organization or healthcare provider specializing in pediatric and adolescent mental health to conduct the screening. * Shall be conducted in a manner that permits real time evaluation of the screening results and SAME day intervention by a licensed mental health professional as indicated by the screening. * Screener needs to accommodate:   + bilingual education students   + students with disabilities; and   + students with low reading proficiencies * Screener shall ensure privacy of student during screening process and confidentiality of results * LEA shall obtain written INFORMED consent from a student’s parent or guardian prior to the screening * LEA will ensure that the parent or guardian of as student whose screening detects an abnormality is notified and organization or provider supply the parent or guardian with resources to assist in the acquisition of the services of a health care professional in order to obtain further evaluation and diagnosis * The following data from the screener will be analyzed:   + The costs of the program to the district and to parents/guardians of students   + Number of students identified as at risk of depression   + Number of students who were provided mental health services as a result of the screenings   + The number of students identified as needing follow up services   + The number of school staff members involved in the depression screening process and the time spent administering the screening   + Best practices utilized by the districts or mental health providers in implementing the depression screening programs   + The health, academic, and safety benefits associated with establishing a depression screening program and evaluation of any potential negative impacts on LEAs and families that may be associated with implementing a depression screening program   + Findings and recommendations concerning additional resources that may be necessary to screen adolescents for depression and to provide follow-up services to adolescents who have exhibited abnormalities in depressions screenings |

### APPENDIX B: Award Amounts by Eligible LEA

|  |  |
| --- | --- |
| District | Maximum Award Amount |
| Bogota Public School District | $59,238 |
| Collingswood Public School District | $62,198 |
| Cumberland Regional School District | $62,093 |
| Gloucester Township Public Schools | $63,618 |
| Hackensack School District | $68,398 |
| Hillside Public School District | $63,235 |
| Jackson Township School District | $74,735 |
| Perth Amboy Public School District | $76,708 |
| Pinelands Regional School District | $63,840 |
| Township Of Union School District | $73,340 |
| Union City School District | $82,593 |

### APPENDIX C: Electronic Web Enabled Grants System (EWEG) Tips

The following are tips for working in the EWEG system. Please take note as these will ease submission of your application.

1. Do not use the “Back” button. This will cause a system error.
2. It is always recommended that long narrative sections be typed in either Word or Note Pad and copied and pasted into EWEG. Doing this, will prevent you losing the text that you worked hard to create, should something go wrong when you save the page.
3. When copying and pasting from Word or Note Pad, be sure to check for special characters. Most notably, quotation marks, apostrophes, bullets and hyphens are the biggest culprits. Avoid using all of the other special characters (!@#$%^&\*()”~/<>{} and bullets). Do not try to use fancy formatting. It will only give you problems. Just be sure that the content is there in a concise and clear manner.
4. The EWEG system is not compatible with the way Microsoft Word formats quotation marks, apostrophes, bullets and hyphens. Use the following procedure to resolve this problem. Remove the quotation marks, apostrophes, bullets and hyphens in the text that you want to copy and paste. Paste the text into EWEG. Working in EWEG, before you try to save the page, put the bullets, hyphens, apostrophes and quotation marks back in. You will notice that the apostrophes and quotation marks will now look different indicating that the problematic formatting has been removed. You should be able to save the page without getting an error message.
5. When you click on a Tab to open a page, do not click on it more than once. Some of our pages take a while to open. If you click on the tab more than once, you will get a system error.
6. Certain systems are just not compatible with EWEG. Most notably: MAC, hand-held devices, Notebooks, Safari, Google Chrome, and Firefox. If you have these systems, please try to locate a different PC to use to enter your data.
7. Also note that Internet Explorer versions higher than 7.0 should access the EWEG site in “Compatibility Mode” or you may have unexpected errors and will not be able to view all application pages.

### APPENDIX D: Researched-Based Depression Screening Tools

Below is a list of screening tools that are appropriate for school-based use. Some screening tools also offer options for multiple reporters to screen students effectively, such as teachers and families. Please review and consult your school district’s needs assessment to decide which tool is most suitable for your students and community. For additional information, school districts may find it helpful to consult chapter 3 of the [New Jersey Comprehensive School-Based Mental Health Resource Guide](https://www.nj.gov/education/safety/wellness/mh/docs/NJDOE_MentalHealthGuide.pdf).

|  |  |  |
| --- | --- | --- |
| Instrument | Age/Grade Range | # Of items |
| [Beck Depression Inventory, Second Edition (BDI-2)](https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Personality-%26-Biopsychosocial/Beck-Depression-Inventory/p/100000159.html?tab=product-details) | 13> years | 21 |
| [Children's Depression Inventory, 2nd Edition (CDI-2) Self Report Short](https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Personality-%26-Biopsychosocial/Children%27s-Depression-Inventory-2/p/100000636.html) | 7-17 years | 12 |
| [Mood and Feelings Questionnaire (MFQ)](https://www.corc.uk.net/outcome-experience-measures/mood-and-feelings-questionnaire-mfq/#:~:text=Psychometric%20properties%20%20%20Property%20%20%20Definition,et%20al.%20%282018%29%20indicated%20strong%20.%20...%20) | 8-18 years | 13 or 33 |
| [Patient Health Questionnaire-9 (PHQ-9)](https://www.phqscreeners.com/select-screener) | 12-18 years | 9 |
| [Reynolds Adolescent Depression Scale, Second Edition (RADS-2)](https://www.parinc.com/Products/Pkey/348) | 11-20 years | 30 |
| [Reynolds Child Anxiety and Depression Scale (RCDS)](https://www.parinc.com/Products/Pkey/354) | 8-12 years | 10 |
| [Signs of Suicide (SOS)](https://www.mindwise.org/suicide-prevention/) Note: This screening tool also contains educational materials for staff and students on suicidal ideation. | Grades 6-12 | 7 |

### APPENDIX E: Statement of Assurances

Applicants are required to complete, sign, and upload this document into EWEG.

Please review the following and sign below to indicate that you are aware of the terms of this grant opportunity and what will be required from your respective LEA in order to continue receiving funding throughout the duration of this grant program.

**By signing below, I understand that each interim report and the culminating final report shall include the following information:**

* The costs of the programs to the districts and to parents or legal guardians of students, as well as any co-pays received by practitioners as part of the depression screening programs;
* the number of students identified as at risk of depression by the depression screenings in each district;
* the number of students who were provided mental health services as a result of the screenings;
* the number of students who were identified as needing follow-up services; the number of school staff members involved in the depression screening process and the time spent administering the screening;
* best practices utilized by the districts or mental health providers in implementing the depression screening programs;
* the health, academic, and safety benefits associated with establishing a depression screening program and an evaluation of any potential negative impacts on LEAs and families that may be associated with implementing a depression screening program; and
* findings and recommendations concerning additional resources that may be necessary to screen adolescents for depression and to provide follow-up services to adolescents who have exhibited abnormalities in depression screenings.

**Additionally, by signing below, we agree to:**

* Use a research-based screening tool in its depression screening program conducted by a licensed mental health professional or through a partnership with an organization or healthcare provider specializing in pediatric and adolescent mental health to conduct the screenings. Nothing in this subsection shall prohibit a LEA from using a self-administered screening tool as part of the depression screening program;
* Conduct the screenings in a manner that permits real time evaluation of the screening results and same day intervention by a licensed mental health professional as indicated by the screening;
* Conduct the screenings in a manner that shall ensure that accommodates bilingual education students, students with disabilities, and students with low reading proficiency when conducting the screenings;
* Conduct the screenings in a manner that ensures the privacy of the student during the screening process and the confidentiality of the results, consistent with State and federal laws applicable to the confidentiality of student records and mental health records;
* Obtain written informed consent from a student’s parent or guardian prior to the screening;
* Develop a form to obtain permission from a student’s parent or guardian to conduct the screening; and
* Forward data collected from the screenings to the Department of Education and the Department of Children and Families in a form and manner to be determined by the Department of Education, provided that any data forwarded shall be aggregated and shall not contain any identifying or confidential information with regard to any individual.

**By signing below you also agree to:** .

* Collaborating with the external evaluator to collect necessary information describing the impact of the depression screening activities incorporated in a related grant program.

|  |  |
| --- | --- |
| Name of LEA |  |
| Name of CEO/Dean/Head of Agency |  |
| Signature of Applicant (Chief School Administrator) |  |
| Date |  |

### APPENDIX F: Budget Development Instructions

To reduce the number of pre-award revisions, please follow instructions below:

* In EWEG under the Salary tabs and in the Title of Position box, be sure to list the other benefits by type and percentage amount for positions that have other benefits such that the total of the individual other benefit percentage amounts equal the percentage amount shown in the Other Benefits box.
* For budget entries that represent administrative costs, be sure to check “Administrative” in the Cost section of that budget entry.
* For any budget entry that has both a program and administrative portion, create two budget entries, one for each. Be sure to check Program or Administrative in the Cost section. For example, the Project Director’s salary is based on providing both program and administrative services to the grant.
* Be sure to explain what the amounts in the ‘How Many’ and ‘Cost per Unit’ boxes represent for the Supply, Equipment, and Other tabs budget entries. If the amounts in those boxes represent a calculation, describe that calculation in the Description box.
* Be sure the Description boxes also describe the cost of the item, the need for the item, and the item’s relation to the grant program.
* Mileage reimbursement budget entries must describe the relation to the grant of the traveler(s) and the grant-related purpose(s) of the travel, as well as a brief explanation of how the number of miles was calculated. Mileage must be a separate budget entry. When requesting conference travel costs such as airfare, lodging, and meals, create separate entries for each conference. Be sure to identify the relation of the grant to each traveler. (There should be a corresponding conference registration entry.) Insert this statement: “gsa.gov rates will be used at the time of travel” for all conference travel costs. Be sure to itemize the cost per person as follows:
* meals = cost per day times the number of days,
* round-trip coach air or rail fare = per person times the number of grant staff, and
* lodging = per room per night basis times the number of rooms times the number nights.
* Note that car rental at a conference is generally not allowed.

### APPENDIX G: Questions and Answers

* + - 1. Do we have to use a screener listed in Appendix D?
         1. No; You may use any screener that meets the intent of the statute. If you have questions, you may reach out to your program officer. The list of screeners provider was developed through a partnership between the NJDOE and DCF to assist LEAs in the selection of an appropriate screener.
      2. Who is considered a licensed mental health professional?
         1. "Clinically licensed mental health professional" means a mental health professional possessing a Master's or Doctoral degree from an accredited university in psychiatry, psychology, social work, psychiatric nursing or psychiatric rehabilitation counseling. In addition to the degree, the applicable training must be completed, including the appropriate residency (fellowship), internship or student placement required by the professional standards of the respective discipline, as well as the applicable State license. NJAC 10:52-1.2
      3. How many times per year does this screener need to be administered?
         1. At least once, though most screeners are recommended to be used twice per year.
      4. A school district that receives an award under the grant program shall make available to each student in the grades seven through 12 an annual health screening for depression. If we select a screener that meets the requirements of this NGO, can we use the remaining funding to select another screener that supports mental health?
         1. Yes, that would be an allowable use of funds.
      5. If a part-time SBMHP exists in the district, can funds from this NGO be utilized to pay or increase their salary or activities related to the implementation of this NGO?
         1. Yes, that would be an allowable use of funds.
      6. How do we know what providers exist in our region to support the implementation of grant activities?
         1. Explore [NJMentalHealthCares Directory of Services](https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.njmentalhealthcares.org%2Fdirectory-of-services%2F&data=05%7C01%7CLuiz.Pereira%40doe.nj.gov%7Cf53cc7ae158e4ff394c408dba982b975%7C4b4f7312dd094959b666d5ba6dc8f4b4%7C0%7C0%7C638290151137263003%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=NE9yt7pmhIYKEOrcNXtRimQeSPaZKqgbp9YDZXCLbEk%3D&reserved=0) and/or the New Jersey Department of Human Services’ [Directory of Mental Health Services](https://www.nj.gov/humanservices/dmhas/home/hotlines/MH_Dir_COMPLETE.pdf) to identify potential project partners or contact the regional NJ4S Hub to request assistance for screening support and same-day intervention.
      7. Does the depression screener need to be administered in the 2023-2024 school year, or would the start of the 2024-2025 school year be acceptable?
         1. The start of the 2024-2025 is acceptable since it is within the yearly grant period. There is also nothing that prohibits two administrations per year if the grantee’s budget allows for it.