

New Jersey Department of Human Services, Division of Mental Health and  
Addiction Services, Disaster and Terrorism Branch

COVID-19 FEMA REGULAR SERVICES PROGRAM (RSP) APPLICATION

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ ext. \_\_\_\_\_

E-mail: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mission and Background of Agency:** Please provide the mission and brief background of the organization's history and experience of providing crisis support services.

**Agency History and Experience in providing supportive mental health services:** Please provide the organization's mission and brief background of the organization's history and experience of providing crisis support services.

**Project Description:** Please describe the services to be provided, including estimated number of individuals to be served, how the service will be provided, how the agency will make the services known to the target population.

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**Implementation timeline:** Please provide a timeline starting from notification of award for the services to be online. Include, as appropriate, items such as staff recruitment, training, etc.

**County or counties to be served (please check all that apply):**

Atlantic	Gloucester	Ocean
Bergen	Hudson	Passaic
Burlington	Hunterdon	Salem
Camden	Mercer	Somerset
Cape May	Middlesex	Sussex
Cumberland	Monmouth	Union
Essex	Morris	Warren

**Please check off the populations to be served through your proposed program:**

**FIRST RESPONDERS** (Emergency Medical Services, Law Enforcement, Fire, Military)

**FRONTLINE STAFF** (Health Care Workers in various settings including but not limited to hospitals and nursing homes, Medical Examiners, Funeral Home Directors and Staff, Transportation and Supermarkets Workers, Nursing Homes Staff, Mental Health and SUD Residential Facilities, OTP staff, Postal Workers)

**CHILDREN AND FAMILIES**

**ACCESS AND FUNCTIONAL NEEDS** (Individuals diagnosed with a mental illness, substance use disorder, developmental/intellectual disability, Deaf and Hard of Hearing, Blind and Visually Impaired)

**SENIORS** (Residents of senior care living centers, senior centers, nursing homes, Seniors in the community)

**GENERAL POPULATION** (Includes need to create capacity to provide services to individuals whose primary language is not English)

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**OTHER POPULATION (S)** Please provide a description of another/other vulnerable population(s)

**Primary services to be provided:**

- Brief educational or supportive contact
- Individual crisis counseling
- Group crisis counseling
- Public education
- Screening, referral, and resource linkage
- Community networking/support

**Secondary services provided:**

- Distribution of educational materials
- Media and public service announcements

**Program Integrity.** Please describe how the activities that the program will undertake to ensure adherence to the guidelines of the initiative (includes FEMA guidelines, DHS and NJ contracting rules). Also describe how the staff assigned to this initiative will be supervised in an environment where they are primarily working from home.

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**Budget.** Please complete attached budget template under the “Provider\_Budget Narrative” tab (fourth tab). The first sheet provides instructions to complete the budget template, the second sheet contains information regarding costs and services that are not permissible under this grant, and the third tab provides a sample of an acceptable budget.