

FY 2026 NOTICE OF FUNDING OPPORTUNITY

KENTUCKY PROBLEM GAMBLING ASSISTANCE FUND:

PUBLIC AWARENESS EFFORT

Announcement Date: March 13, 2025

BACKGROUND:

Per KRS 230.826, the Kentucky Department for Behavioral Health, Developmental, and Intellectual Disabilities (BHDID) has established funding to increase awareness of problem gambling, including the signs of a problem as well as risk and protective factors, and to increase access to treatment and resources for individuals and families impacted by problem gambling and substance use disorder.

The Kentucky Council on Problem Gambling (KYCPG) has estimated that more than 100,000 Kentucky adults experience problem gambling. Research shows that increased access to betting opportunities can increase the risk of problem gambling.

While gambling can be a fun pastime for many people, for others, it can have devastating outcomes on personal relationships, financial security, and mental health. Gambling disorders are highly correlated with other mental health and substance use disorders¹:

- 96% of individuals with gambling disorders have been diagnosed with at least one other mental health condition.
- 76% have been diagnosed with substance use disorders.
- 60% have been diagnosed with anxiety disorders, including panic disorder, generalized anxiety disorder, phobia, and PTSD.
- 55% have been diagnosed with mood disorders, including depression and bipolar disorder.

In addition, individuals with gambling disorders are at high risk of suicide².

- 31% of those with gambling disorder report suicidal ideation in their lifetime,
- 17% report having a plan for suicide in their lifetime
- 16% report a suicide attempt in their lifetime.

PURPOSE:

To ensure that Kentuckians are knowledgeable about gambling, BHDID is accepting applications to the Problem Gambling Assistance Fund for the development and implementation of awareness campaigns to increase knowledge on problem gambling. Awareness campaigns should:

- Identify populations most at risk of developing gambling disorders.
- Highlight the connections between gambling and other behavioral health concerns.

References

1. Kessler, R. C., Hwang, I., LaBrie, R., Petukhova, M., Sampson, N. A., Winters, K. C., & Shaffer, H. J. (2008). DSM-IV pathological gambling in the National Comorbidity Survey Replication. *Psychological Medicine*, 38(9), 1351-60.

<https://doi.org/10.1017/S0033291708002900>

2. Armoon, B., Griffiths, M. D., Mohammadi, R., & Ahounbar, E. (2023). Suicidal behaviors and associated factors among individuals with gambling disorders: a meta-analysis. *Journal of gambling studies*, 1-27.

- Highlight the connections between problem gambling and online sports wagering.
- Offer steps to reduce the likelihood of experiencing problem gambling behaviors.
- Highlight services and resources available to individuals and families who have been impacted by problem gambling

ELIGIBLE APPLICANTS:

- Applicant must be a 501(c)3 organization.
- Applicant must have a documented history of at least two years of providing training and technical assistance to individuals who may be impacted by problem gambling.
- If awarded, please be prepared to provide the following information within ten (10) business days of award notification:
 - A Vendor Code from the Finance Cabinet: <https://finance.ky.gov/office-of-the-secretary/FinanceForms/EZ%20Vendor%20Registration%20Application.pdf>
 - A Kentucky Secretary of State Vendor Code <https://onestop.ky.gov/Pages/default.aspx>

SCOPE OF WORK

Proposals for problem gambling awareness campaigns must:

- Identify the population on which the campaign will focus and demonstrate the need for problem gambling messaging within that population.
- Identify the topic(s) of focus*. Proposed campaigns should include at least one of the following topics:
 - Risks of problem gambling for the population of focus
 - Engaging in gambling activities responsibly
 - The intersections between gambling, substance use, mental health, and suicide
 - The connection between gambling and gaming and esports
 - Strategies to reduce the negatives impacts of gambling and online wagering
 - Resources available for individuals and families impacted by problem gambling
- Identify the types of materials to be created (written materials, videos, audio, webpages etc.)
- Identify a specific plan for the dissemination of the awareness campaign.
- Include a plan for evaluating the reach and impact of the awareness campaign.
- Include a plan for quality improvement and sustainability of the awareness campaign.

*Applicants may collaborate with DBHDID to develop the messaging on the identified topic or independently. DBHDID must approve all materials before dissemination. All awareness campaign materials must incorporate the Team Kentucky logo and utilize Problem Gambling Awareness Program brand standards for color schemes and fonts.

All proposals must include:

- 1) Timeline for the project including major benchmarks and milestones.
- 2) Detailed budget outlining the expected costs of each aspect of the project.
- 3) Plan for evaluation and quality improvement of the project.

FUNDING PARAMETERS

- Funds cannot be used to pay for any activities not covered under 908 KAR 2:300, which states that funds from the problem gambling assistance account may be used in the following activities:

- a) Providing support to agencies, groups, organizations, and persons that provide education, assistance, and counseling to persons and families who experience difficulty as a result of substance use disorder or problem or compulsive gambling;
 - b) Promoting public awareness of, and providing education about problem gambling;
 - c) Establishing and funding programs to certify problem gambling counselors;
 - d) Promoting public awareness of assistance programs for those experiencing consequences of problem gambling; or
 - e) Paying the costs associated with treatment of addictions.
- Funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with grant funds to meet the exact existing deliverables. Expansion and enhancement of those deliverables and their related outcomes are acceptable.
 - Funds cannot be used to pay for the purchase, construction, or renovation of any building or structure to house any part of the awardee’s contracted work.

PROPOSAL SUBMISSION REQUIREMENTS

1. **Application Deadline:** April 24, 2025.
2. **Project Summary**
Using the fillable application form attached to this announcement (pages 7-9), provide a brief “At a Glance” project summary that highlights the most important components of the proposal.
3. **Supplemental Questions**
Answer all questions in the Supplemental Questions section of this announcement (page 6).
 - Responses to the Supplemental Questions should be double-spaced using Times New Roman 12-point font and attached to the Project Summary section. Responses to this section should not exceed 5 pages.
4. **Detailed Budget Worksheet and Narrative** using DBHDID template. The budget worksheet is available for download on the Problem Gambling Assistance website: <https://tinyurl.com/problemgamblingKY>
5. Copy of the 501c3 IRS letter indicating non-profit status.
6. All application materials must be submitted by COB on April 24, 2025.

Proposal Submission Format

- The **Project Summary** and **Supplemental Questions** should be submitted in a combined PDF titled **DBHDID_GAMBAWARENESSFY26_date of submission_name of your agency**. For example, **GAMBAWARENESSFY26_03.13.25_AgencyABC**.
- The **Detailed Budget Worksheet and Narrative** should be saved as an excel file titled **DBHDID_GAMBAWARENESSFY26_date of submission_name of your agency_budget**. For example, **GAMBAWARENESSFY26_03.13.25_AgencyABC_budget**.
- All materials should be submitted to kyproblemgamblingassistance@ky.gov.

MULTI-TIERED REVIEW AND SELECTION PROCESS:

- Proposals will be screened to ensure they meet minimum eligibility requirements.
- DBHDID will assess proposals meeting minimum eligibility requirements. All aspects of the proposed project will be evaluated and DBHDID may decide to provide partial funding for individual elements, rather than the entire proposal.
- Proposals containing insufficient information may be rejected or returned to the applicant for minor corrections and resubmission.

Evaluation Criteria:

Criteria	Description	Weight (%)	Score 1-5	Score X Weight =	Comments
Project Relevance	How well does the project align with the grant's goals and priorities?	20%			
Organizational Capacity	Does the organization have the experience, personnel, and resources to successfully implement the project?	10%			
Data Support	Does the application utilize current and applicable data to justify the need for the services and to identify the target population(s)?	15%			
Feasibility	Is the project plan realistic and achievable within the proposed timeframe and budget?	15%			
Evaluation	Does the proposal outline an evaluation plan that allows for identification of outcomes?	10%			
Impact and Outcomes	What is the potential impact of the project? Are the outcomes measurable and meaningful? Is there a plan for will the impact to be sustained beyond the end of the project?	15%			
Budget Justification	Is the proposed budget reasonable and well-justified for the activities and outcomes?	15%			

AWARD INFORMATION

- Funding Source: The Kentucky Problem Gambling Assistance Fund
- Funding Mechanism: To be determined based on entity.
- Award Ceiling: \$100,000; one or more awards may be made to address the capacity needs of the state.
- Budget: Submit a 12-month budget with anticipated start date of October 1, 2025.
- Cost Sharing/Match Requirement: No
- Service Delivery Date: To begin no later than 30 days from execution of contract.
- Length of Project: 12 months. All projects must be completed between October 1, 2025 and December 31, 2026. This funding does not automatically renew, but there may be similar funding opportunities available in the future.
- Reporting Requirements: The awardee must participate in regularly scheduled planning meetings and submit monthly progress reports.
 - The frequency of planning meetings will be determined by the DBHDID staff and the Awardee upon execution of contract.
 - Quarterly reports should include:
 - 1) the number of individuals served or reached by the project;
 - 2) the types of services provided to those individuals; and
 - 3) detailed costs for the numbers of individuals served and the services provided during the reporting period.

CONTACT:

Please submit questions regarding proposals to kyproblemgamblingassistance@ky.gov. Questions will be directed to the appropriate staff.

SUPPLEMENTAL QUESTIONS

Instructions:

Answer all questions fully, providing as much detail as necessary. Responses should be double-spaced using Times New Roman 12-point font and should not exceed 5 pages. Please include your responses in a combined PDF with the other required materials listed in the Notice of Funding Opportunity.

A. Organizational Capacity

1. Describe the organization's capacity for designing a comprehensive workforce development or technical assistance program aimed at equipping professionals and/or organizations in the behavioral health field with the necessary skills and knowledge to provide problem gambling-related services. Please include specific strategies for identifying training needs, developing curriculum, and ensuring the program is accessible, effective, and aligned with best practices.
2. Describe the experiences and credentials of team members implementing this project. For each team member, indicate their role in the project and their credentials.
3. Briefly describe the organization's experience managing similar state or federal projects or grants.

B. Description and Implementation

1. Identify the population served by the project. Please include any relevant research and data points to provide evidence that this population is in need of the proposed services.
2. Identify the project goals and measurable objectives of this project. Ensure that the objectives are SMARTIE: specific, measurable, attainable, relevant, time-limited, equitable, and inclusive.
3. Provide an anticipated timeline for completing the project.

Note: All projects must be completed between October 1, 2025 and December 31, 2026.

C. Evaluation and Sustainability

1. Describe the data that will be collected and/or metrics that will be tracked to evaluate the success of the proposed project.
2. Describe anticipated short and long-term impacts of this project on the population served.
3. Describe how the project and its impacts can be sustained in the future.

Kentucky Gambling Assistance Application

Applicant Type (check 1)

Individual (e.g., behavioral health professional) Organization/Agency (e.g., CMHC, BHSO, 501(c)(3), etc.)

Applicant Information

Applicant Name: _____

Address: _____

Email address: _____

Phone Number: _____

Contact Name (if different from applicant name): _____

Provide details of past performance of the organization/agency or individual requesting funding:

Project Overview

Activity Type (check all that apply)

- Provision of support to agencies, groups, organization, and persons that provide education, assistance, and counseling to persons and families experiencing difficulty as a result of problem gambling
- Promotion of public awareness and/or provision of education about problem gambling
- Certification of gambling counseling professionals (include the names and credentials of all individuals to be certified in the project description below)
- Development of certifying organization-approved training or continuing education program
- Promotion of awareness of assistance programs for those experiencing problem gambling
- Provision of financial assistance to cover the costs and expenses associated with treatment of problem gambling

Provide an overview of the proposal, including:

- Brief description of project/activities
- Purpose and key anticipated outcomes
- Individuals or communities served
- Amount of funding requested
- Overview of how the funds will be spent
- Timeline

Those applying for certification should include:

- Type of certification
- Purpose of certification
- Proposed training/education course
- Plan to obtain required experience
- Two professional references for each individual requesting certification
- Recommendation from on-site supervisor for each individual requesting certification
- Signed contract for board approved clinical supervision for each individual requesting certification
- Timeline for completion of training and examination
- Amount of funding requested

Performance Measurement Plan

Describe how key anticipated outcomes will be measured, including:

- The specific aspects of the program that will be measured
- The criteria that define success
- The methods to be used to collect the data necessary to assess progress
- A timeline for completing benchmarks toward progress

Please submit completed application and supporting documentation to:
DBHDID, 275 E. Main Street, 4W-G, Frankfort, Kentucky 40621 or via email kyproblemgamblingassistance@ky.gov