

FY 2025 NOTICE OF FUNDING OPPORTUNITY

KENTUCKY PROBLEM GAMBLING ASSISTANCE FUND

PUBLIC AWARENESS EFFORT

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:

- 96.3% of individuals with gambling disorders have been diagnosed with at least one other mental health condition.
- 76.3% 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.

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.

PURPOSE:

To ensure that Kentuckians are knowledgeable about gambling, DBHDID 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.
- Highlight the connections between problem gambling and online sports wagering.
- Offer steps to reduce the likelihood of experiencing problem gambling behaviors.

ELIGIBLE APPLICANTS:

- Applicant must be a 501(c)3 organization.
- Applicant must have a documented history of at least two years of providing marketing services to special populations who may be impacted by problem gambling. These may include, but are not limited to, youth, cultural minorities, men, women, college students, veterans, and/or individuals of low socioeconomic status.
- Applicant must have or establish a vendor code with the Kentucky Secretary of State if awarded.**
 - <https://onestop.ky.gov/Pages/default.aspx>
- Applicant must have or establish a vendor code from the Finance Cabinet if awarded.**
 - <https://finance.ky.gov/services/eprocurement/Pages/doingbusiness.aspx>

**Please be prepared to provide documentation within ten (10) business days of award notification

AWARD INFORMATION

- Funding Source: The Kentucky Problem Gambling Assistance Fund
- Funding Mechanism: To be determined based on entity.
- Award Ceiling: \$100,000
- Budget: Submit a 9-month budget with anticipated start date of October 1, 2024.
- Cost Sharing/Match Requirement: No
- Service Delivery Date: To begin no later than 30 days from execution of contract.
- Length of Project: 9 months. All campaigns must be completed between October 1, 2024 and June 30, 2025. 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 to be determined by the Awardee and DBHDID staff 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.

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 same 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.

SCOPE OF WORK

Proposals for problem gambling awareness campaigns must:

- a) Identify the population on which the campaign will focus and demonstrate the need for problem gambling messaging within that population.
- b) 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
- c) Identify the types of materials to be created (written materials, videos, audio, webpages etc.)
- d) Identify a specific plan for the dissemination of the awareness campaign.
- e) Include a plan for evaluating the reach and impact of the awareness campaign.
- f) 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 campaigns must include the final state-level initiative name and logo.

PROPOSAL SUBMISSION REQUIREMENTS

1. **Cover Letter** on agency letterhead.
2. **Project Summary** using the required fillable application form is attached to this document. The project summary should highlight the most important components of the proposed project.
3. **Project Narrative** should be organized and clearly describe each element in the required scope of work.
 - o Projective narratives must be double-spaced using Times New Roman 12-point font.
 - o Pages must be numbered consecutively from beginning to end of the Proposal Narrative
 - o The page limit for the Proposal Narrative is 5 pages. Any narrative information that exceeds the page limit will be excluded from the review process.
4. Detailed Budget Worksheet and Narrative using template provided.
5. Copy of the 501c3 IRS letter indicating non-profit status

PROPOSAL SUBMISSION FORMAT

The application form and any additional attachments must be submitted in a combined PDF titled **DBHDID_GAMBAWARENESSFY25_date of submission_name of your agency** by email to kyproblemgamblingassistance@ky.gov. For example, **GAMBAWARENESSFY25_06.01.23_AgencyABC**

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.

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%			
Data Support & Evaluation	Does the application utilize current and applicable data to identify the target population(s), and outline an evaluation plan that allows for identification of outcomes?	15%			

Feasibility	Is the project plan realistic and achievable within the proposed timeframe and budget?	15%			
Innovation	Does the project introduce new or unique approaches to address the issue?	10%			
Impact and Outcomes	What is the potential impact of the project? Are the outcomes measurable and meaningful?	15%			
Organizational Capacity	Does the organization have the experience, personnel, and resources to successfully implement the project?	10%			
Budget Justification	Is the proposed budget reasonable and well-justified for the activities and outcomes?	15%			

- Proposals containing insufficient information may be returned to the applicant for resubmission.
- 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/services/eprocurement/Pages/doingbusiness.aspx>
 - A Kentucky Secretary of State Vendor Code <https://onestop.ky.gov/Pages/default.aspx>

QUESTIONS:

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

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