



# **Behavioral Health Facilities (BHF) Program Notice of Funding Opportunity (NOFO)**

**Funding Category: Intensive Behavioral Health  
Treatment Facilities**

**Version 1.22.2024**

**Local Government Division  
Community Capital Facilities**

**[Behavioral Health  
Facilities Program](#)**

## DOCUMENT REVISION HISTORY

This is a historical record of revisions made to these Program Guidelines.

<b>Original Version of Document</b>	<b>Date of Revision</b>	<b>Revision</b>
Original	12.4.2023	NA
Updated	1.22.2024	Question added to general app. Contact changed in table.

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\*Overview of application questions available as appendix at end of document.\*

## BHF PROGRAM BEST PRACTICES FOR A COMPETITIVE PROCESS

The Behavioral Health Facilities (BHF) Program adopts these elements as best practices for our competitive processes.

- Public notice will be provided for all competitive solicitations using Commerce's public website.
- Notification will be provided through the GovDelivery system to interested parties that have signed up for communications through our webpage.
- All evaluators will sign conflict and confidentiality statement prior to evaluating submissions.
- A question and answer period prior to the submission deadline will be provided to interested parties.
- A clear and transparent debrief process will be provided at the request of an applicant.

## FUNDING ROUND TIMELINE

Notice of Funding Opportunity Posted to Web	Dec. 12, 2023
Application Open in ZoomGrants	Dec. 12, 2023
Live Technical Assistance Period by COM Staff	Dec. 12, 2023 - February 8, 2024
Informational Sessions w/COM, HCA, and DOH	TBD
Pre-Application Responses Due	Midnight on January 29, 2024
Complete Application Submission Due	Midnight on February 12, 2024
Commerce & Subject Matter Expert Application Review	February-April, 2024
Notification of Award	Late Spring/Early Summer 2024
Application Debrief Period	Available for a two-week period post award announcement
Contract Negotiation, Drafting, and Execution	Begin after the debrief period has concluded

Commerce reserves the right to conduct interviews with applicants that have completed applications that meet threshold in order to clarify information provided in applications prior to making award decisions. High level administrative information may also be shared with the Behavioral Health Advisory Group, as defined in the authorizing proviso, to ensure support for the operations of projects prior to awards being finalized.

Revisions to the timeline, updates to the application process, and updates to the Program Guidelines and award announcements will be published to the [Community Capital Facilities - Behavioral Health Facilities](#) webpage.

## FUNDING AVAILABILITY

The 2023-25 legislature's [capital budget](#) appropriated \$77,943,000 for the Behavioral Health Facilities (BHF) Program. For the Intensive Behavioral Health Treatment Facilities funding category there is \$24 million available in grant funding. The Department of Commerce (Commerce) is soliciting applications from eligible organizations to implement behavioral health facility capital projects.

<b>2023-25 Washington State Capital Budget Behavioral Health Facilities Funding through Commerce</b>	
Regional Needs	\$28,443,000
Intensive Behavioral Health Treatment Facilities (IBHTF)	\$24,000,000
Children and Minor Youth	\$18,000,000
Closure Prevention – Non-competitive	\$7,500,000

## GENERAL CONDITIONS OF FUNDING

1. The BHF program, operated by Commerce, receives funding from the Legislature and may provide grants as defined in the capital budget.
  - a. Funding is available to nonprofits, for-profit businesses, public entities, and Tribes that are also community hospitals or other community based behavioral health providers.
  - b. Funding must establish new capacity for behavioral health services in communities and address gaps in geographical behavioral health service needs. Behavioral health services are defined in [71.24 RCW](#) and [71.36 RCW](#).
  - c. Funding may be used for construction and equipment costs associated with the establishment of a facility. Acquisition may be allowable as long as it will result in increased behavioral health capacity.
  - d. Applicants must show collaboration with one or more regional behavioral health entities that administer the purchasing of services and these relationships must be maintained.

- e. Applicants must obtain and maintain licensure and certification for the proposed facility and behavioral health services provided at the facility through all applicable licensing bodies. Applicants should review applicable RCW and WAC to determine licensing and certification requirements for the facility type they are proposing for grant funding.
  - f. Applicants must commit to serve persons who are publicly funded.
  - g. Applicants of proposed facilities that are required to treat people with involuntary treatment orders must commit to serve persons detained under the involuntary treatment act per [71.05 RCW](#) and must work with local courts and prosecutors to ensure prosecutors and courts in the area served by the hospital or facility will be available to conduct involuntary commitment hearings and proceedings under 71.05 RCW.
  - h. Applicants must commit to maintain and operate the facility and provide behavioral health services for the commitment period of ten (10) years.
2. Project readiness is an important component of a competitive application. Applications must include the date upon which renovation or new construction will begin and anticipated date of completion of the project. As well, a detailed estimate of the costs associated with opening the facility and a plan demonstrating the ability to maintain and operate the facility will be part of the application.
  3. Grantees must obtain a Washington State business license through the Department of Revenue (DOR) and is registered with the Washington Secretary of State (SOS), if applicable. A license through DOR and if applicable, registration through SOS must be maintained throughout the commitment period of the grant.
  4. Grantees must prove site control. If BHF funds are needed to acquire real property, funds may be released at close through the escrow process. Commerce has published a behavioral health model ordinance and communications toolkit to assist with project siting. Those documents are located on the [Model Ordinance webpage](#).
  5. Grantees must prove all other funding sources are committed so that the behavioral health site will be completed and become operational.
  6. Grant funds cannot be used for costs incurred before the date of award letter. This includes acquisition costs. Funding must be utilized in the manner outlined in the application.
  7. Grant funds must be used for eligible costs outlined in the Program Guidelines. Grant funds must be expended by the end of the contract term. The contract term will be identified as a four-year period but the awardee should be aware Washington operates under a biennial (two-year) budget that ends on June 30, 2025. Each appropriation in the Capital Budget must, by law, lapse at the close of the biennium. Commerce will request one reappropriation of any unspent funds, which would allow funds to be

spent until June 30, 2027. However, we cannot guarantee the Legislature will agree to extend funding, nor can we legally obligate funds from one biennium to another. Awardees are encouraged to get under contract and expend their funding in a timely manner.

8. Awardees who receive a direct appropriation through the BHF program or a previous competitive funding round are eligible to apply for a BHF program competitive grant, but not for the same project that received prior funding. See the definition of “project” in this Notice of Funding Opportunity (NOFO).

## SPECIFIC CONDITIONS OF FUNDING

### Regional Needs – Competitive - \$28,443,000

Our team of Subject Matter Experts have chosen not to put a cap on the maximum amount of funding you can apply for with this funding type. This means that it is very important that your application include solid demonstration of the actual project costs, including any other funds that may be committed to the project to make it complete. Reviewers may determine that only a portion of the amount requested be awarded to ensure that regional needs throughout the state are addressed.

1. Regional Needs funding will prioritize awards to projects that will do at least one of the following:
  - a. Serve individuals on 90-day or 180-day civil commitments as an alternative to treatment in the state hospitals
  - b. Serve individuals who will be transitioned from or diverted from the state hospitals
  - c. Provide secure withdrawal management and stabilization (SWMS) treatment beds
  - d. Provide substance use disorder (SUD) treatment
2. The funding must be used to increase capacity related to serving individuals who will be transitioned from or diverted from the state hospitals.
3. The facility is not considered an Institution of Mental Diseases (IMD).
4. The provider has submitted a proposal for operating the facility to the health care authority.
5. The provider has demonstrated to the department of health and the health care authority that it is able to meet the applicable licensing and certification requirements for the facility that will be used to provide services.
6. The appropriate agency has confirmed that it intends to contract with the facility for operating costs within funds provided in the operating budget for these purposes, if necessary.

### Intensive Behavioral Health Treatment Facilities (IBHTF) - Competitive - \$24,000,000

Application requests must not exceed \$4,000,000.

1. This funding will support facilities for long-term placement of behavioral health patients with complex needs.
2. The facility is not considered an Institution of Mental Diseases (IMD).
3. Provider must demonstrate need in the community of the location of facility as well as supportive infrastructure for the facility to be successful.

#### Children and Minor Youth - Competitive - \$18,000,000

Our team of Subject Matter Experts have chosen not to put a cap on the maximum amount of funding you can apply for with this funding type. This means that it is very important that your application include solid demonstration of the actual project costs, including any other funds that may be committed to the project to make it complete. Reviewers may determine that only a portion of the amount requested be awarded to ensure that regional needs throughout the state are addressed.

1. Increase behavioral health services and capacity for children and minor youth including, but not limited to, services for youth crisis walk-in intervention, substance use disorder treatment, sexual assault and traumatic stress, anxiety or depression, children with behavioral health and intellectual or developmental disability needs, and interventions for children exhibiting aggressive or depressive behaviors.
2. The facility is not considered an Institution of Mental Diseases (IMD).
3. Consideration must be given to programs that incorporate outreach and treatment for youth dealing with behavioral health or social isolation issues.

#### Closure Prevention- Noncompetitive - \$7,500,000

1. Provided solely for grants to community providers to prevent the closure of existing behavioral health facilities.
2. Grants funds will be awarded on a first-come, first-served basis to qualifying project proposals that satisfy the goal of long-term preservation of behavioral health facilities.

## WHO MAY APPLY

The BHF Program supports Washington's commitment to expand and establish new capacity for behavioral health services in communities. The program furthers the development of high quality behavioral health facilities. Behavioral health services are defined in [71.24 RCW](#) and [71.36 RCW](#). The competitive funding round is open to nonprofits, for-profit businesses, public entities, and tribes. Per [SHB 1080, Section 1069](#), the BHF Program may fund nonprofits, for-profit businesses, public entities, or Tribes that are any of the following types of eligible organizations:

- Community hospital
- Community based behavioral health provider



## WHAT IS A PROJECT

A ‘project’ is defined as the capital work the applicant proposes in their application. All capital work identified as a project must be unique from all other capital work the applicant has previously received funding for either through a direct appropriation or competitive process. **Applicants may only apply in one Funding Category per project. Projects may not allow for mixing adult and child/youth populations.**

1. When a provider has or will establish a business in a commercial space, the BHF “project” may be:
  - a. Purchase of real property; or
  - b. New construction of an entire facility, a phase of a facility, a unit or wing of a facility, a floor in a building, or any sub-compartment of a commercial building where behavioral health services are provided; or
  - c. Renovation of an entire facility, a phase of a facility, a unit or wing of a facility, a floor in a building, or any sub-compartment of a commercial building where behavioral health services are provided; or
  - d. Any combination of the above identified components (1a – 1c).
2. If an applicant is applying for funding to build or expand a facility that will serve both adult and child/youth populations, the applicant must submit a unique application for the proposed project that will serve the adult population and a unique application for the proposed project that will serve the child/youth population. The scope of work for each application must be unique and indicate how the populations will be safely and effectively served in the same facility. Adult and child/youth populations may not be served in the same area of the facility.

A “project” must result in a licensable behavioral health facility that adds new or expands applicable behavioral health services. All projects as defined above must by the end of the Contract Term of the capital contract be a licensed behavioral health facility with applicable certified behavioral health services.

The maximum award for any one project is based on the Funding Category as defined below.

<b>Funding Category</b>	<b>Maximum Award Amount</b>
Children and Minor Youth	\$18,000,000
Intensive Behavioral Health Treatment Facilities	\$4,000,000
Regional Needs	\$28,443,000
Closure Prevention (non competitive)	TBD

## APPLYING

The application is available through a third-party, online provider called [ZoomGrants](#). When the application opens, a link to the ZoomGrants application will be posted to the [Community Capital Facilities - Behavioral Health Facilities](#) webpage.

### How to Get Started and Meeting Submission Deadlines

- The applicant must respond to the Pre-Application Questions no later than the date and time stated in the timeline table above.
  - To respond to the Pre-Application Questions, provide your answers to the questions and then click the submit button. Once the Pre-Application Question responses are received, a Commerce program staff person will either approve the applicant to move forward in completing the remaining sections of the application or they will contact the applicant with additional technical assistance. The applicant will be notified via email, within 72 business hours, Monday through Friday.
  - If staff reach out to the applicant with questions, the applicant must respond to those questions in a timely manner. If an adequate response to the questions is not received by the Pre-Application Question deadline, or a deadline given by the BHF program staff, you will not be allowed to complete an application.
  - When your Pre-Application Questions are approved you will receive a communication from the ZoomGrants system allowing you access to the remainder of the application.
  - Toward the end of the application period, staff need adequate time to review Pre-Application Questions and still allow an applicant enough time to submit a complete application. If you have not responded to the Pre-Application Questions by the above deadline, or the deadline given by BHF program staff, you will not be allowed to complete the application.
- Once the Pre-Application is approved, the remaining sections of the application will be available for completion. The remaining application material must be responded to, in the ZoomGrants system, no later than the date and time stated in the timeline table above.
  - All documents associated with the application must be uploaded into the ZoomGrants application and all applicable questions answered by the submission deadline, for the application to be considered complete.
- An incomplete application may be considered non-responsive and may not be reviewed.

### Sharing Application Information with Other Public Entities

- Commerce may share application information, submitted through our application process, with other public entities that fund capital, operations, or services associated with Behavioral Health Facilities. If an applicant receives an award from Commerce, and we have shared that applicant's information with another public entity, this does not guarantee nor should it be taken as an offer of funding from any other public entity. As well, if an applicant receives an award for funding from a public entity that Commerce shared application information with, this is in no way to be taken as an award from Commerce.

### **ZoomGrants**

- If you already have a [ZoomGrants](#) account, log in and search for applications available through the Department of Commerce. If you do not already have a ZoomGrants account, you can also use the links posted to our [BHF webpage](#) to create an account and directly access the application.
- Please do not use "The" as the first word in your organization name when creating your account profile.
- For more information about using the ZoomGrants system, see the [How-To Guide for Applicants](#) provided by ZoomGrants.

### **Submission Format**

- ONLY applications and documents associated with the application submitted through ZoomGrants will be accepted. No mailed hardcopy or emailed applications or documents will be accepted.
- Answers to application questions are saved by the system automatically after each response. You do not need to complete an application in a single session and can come back to where you left off with your application whenever necessary. Applicants will receive a notification from the ZoomGrants system when the Pre-Application responses and final application is successfully submitted.
- A response to all questions is required unless otherwise indicated. Answer all questions thoroughly and pay attention to the directions provided for each question because some questions are multi-step. Answers that are not responded to fully will be considered incomplete and if enough information is missing throughout the application, the application may be considered incomplete and not reviewed.
- If a document is indicated as 'required' and you do not submit the requested material, then you will not be able to submit the application through the system. If you provide a

document that does not consist of the content requested, your application may be considered incomplete and not reviewed.

## APPLICATION

Applications for this competitive process will be scored based on responses to the questions provided below. When answering questions, **please be as thorough as possible**. Do not attach documents and reference those documents as your answer to any of the questions in the application. If you do this, your response to the questions may be considered incomplete and the application not reviewed. Assume the person reading and scoring the application does not know about your project, services, or facility type. You must answer all applicable questions pertaining to your grant request. **The following questions are provided for applicant review in preparation to complete the application in the online ZoomGrants system.** In order to fit within the formatting parameters of the ZoomGrants system, the questions below may look slightly different in the actual application from how they appear below. The questions below are for informational purposes only.

**\*\*If you are not the service provider for the project being proposed, please answer all application questions as to what standards you will hold the provider to and how you will ensure the service provider meets your standards as well as state WAC/RCWs?**

**APPLICATIONS MUST BE SUBMITTED THROUGH ZOOMGRANTS.**

**THIS IS ONLY FOR INFORMATIONAL PURPOSES TO PROVIDE A LIST OF THE QUESTIONS THAT ARE IN ZOOMGRANTS. DO NOT ENTER RESPONSES BELOW.**

## Application Summary

REQUIRED: For **Applicant Organization Name**, the entity Commerce will contract with needs to be the entity who is submitting the application. For Applicant Organization Name, enter the legal name of the entity we will contract with. If a third-party is completing this application on behalf of someone, the name of the Applicant Organization should not be the third-party's name.

1.
  - a. If the applicant is registered with the Department of Revenue (DOR) you must enter the name of the business as it is indicated on your business license.
  - b. If the applicant is not yet registered with DOR, be aware you will need to be registered with DOR before we will contract with your organization. For the Applicant Organization Name enter whatever name you intend to register with DOR.
  - c. If the applicant is a tribal enterprise or a tribal member **and** the behavioral health business is sited on the reservation, you do not need to be registered with DOR for us to contract with you. Enter the name used while doing business on the reservation.

REQUIRED: For **Project Name**, we prefer if you give us the name of the facility where the award will be used plus a few words to indicate what the funds will be used for. For example, *Washington Detox and Withdrawal Management – Acquisition and Facility Expansion*. If there is no facility name at time of application, please use a short name for your project that will help us identify who and what the funding is for.

REQUIRED: For **Amount Requested**, this is the amount of funding that is being requested. Do not submit more in the Amount Requested field than is available for the funding category you are applying for. This amount should also be the same amount you indicate in the Sources of Funds table on the Budget tab.

REQUIRED: **Total Capital Project Costs**: When entering an amount, this field is where applicants indicate the total cost for real property acquisition and construction of the behavioral health facility. This total should include all other capital costs in order to bring the behavioral health facility to completion.

REQUIRED: **Application Information** and **Organization Information**: When entering this information for:

1.

- a. *Applicant Information*, please provide the Project Manager contact information as the main contact for this application.
- b. *Organization Information*, this is information for the applicant. If another entity is completing this application on behalf of the applicant, use the applicant's information.
- c. Providing the Executive Director, Chief Executive Officer, or President contact information is required. This individual will be included on all communications for this application.
- d. If more than the Project Manager and ED/CEO/President should be included on communications about this application, enter those contact email addresses on the Application Summary page under Additional Contacts.

APPLICATION GLOSSARY

- ALTSA—Aging and Long-Term Support Administration
- BHF—Behavioral Health Facilities
- BHO—Behavioral Health Organization
- COM—Department of Commerce
- DAHP—Department of Archeology and Historic Preservation
- DOH—Department of Health
- DSHS—Department of Social and Health Services
- ESF—Enhanced Services Facility
- GOIA—Governor’s Office of Indian Affairs

- HCA—Health Care Authority
- L&I—WA State Labor and Industries
- MCO—Managed Care Organization
- MWBE—Minority & Women Business Enterprise
- RCW—Revised Code of Washington
- SDC—Specialized Dementia Care
- SUD—Substance Use Disorder
- SWMS—Secure Withdrawal Management Services
- WAC—Washington Administrative Code

**Behavioral Health Equity:** The right for anyone, anywhere to have access to quality behavioral health care that is recovery oriented & delivered in a person centered way within their community or communities directly accessible to them. Care that seeks to overcome social disparities that contribute to behavioral health challenges and is delivered in a culturally appropriate way that addresses historic trauma, stigma, and individual challenges regardless of personal behavioral health challenges and personal history.

**Challenging Behaviors:** Persistent pattern of behaviors that inhibit the individual's functioning in public places, in the facility and integration within the community, or uncontrolled symptoms of a physical or mental condition. These behaviors may have been present for long periods or have manifested as an acute onset.

**Cultural Competence:** See the SAMHSA guide, page 57, at <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf>.

**Culturally Competent Services:** The application of cultural competence as a function of treatment and services. Per HHS this includes “the ability to honor and respect the beliefs, languages, interpersonal styles, and behaviors of individuals and families receiving services, as well as staff members who are providing such services. Cultural competence is a dynamic, ongoing developmental process that requires long-term commitment and is achieved over time. (HHS 2003a, p. 12)” (TIP 59 2014, p. xv)

**Complex Mental Health Needs:** Issues presented by a person with severe mental illness with a difficult to work and/or unsafe presentation that is caused by either multiple diagnosis, severe long-term challenges, and/or co-occurring diagnosis.

**Complex Behavioral Health Needs:** Issues presented by a person with severe behavioral health challenges that presents with difficult to work with and/or unsafe presentation that is caused by mental health, SUD, and or some combination of co-occurring challenges.

**Decompensate:** In medicine, decompensation refers to the deterioration of an individual's mental or physical structure or system that was previously functioning. A system that is compensated can function despite the presence of stressors or defects.

**Habilitative:** Services designed to help teach, keep, and improve skills for daily living.

**Healthcare Recliner:** Furniture used in lieu of or in addition to beds in a facility that provides 23-hour crisis observation care. For more information about the use of this furniture, see the SAMHSA guide, page 22 at <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

**Health Disparity:** The rate of disease incidence, prevalence, morbidity, mortality, or survival rates a specific population as compared to the health status of the general population.

**Living Room Model:** The Living Room model is a community crisis center that offers people experiencing a mental health crisis an alternative to hospitalization. Where people are provided services immediately in a calm safe environment 24/7 where a person is given tools to resolve their crisis or be referred to their next step within 23 hours.

**Long-term Care Residential Setting:** A location such as an adult family home, assisted living facility, nursing home, or enhanced services facility.

**Peer Counselor:** A person recognized by Medicaid agency as a person who:

- (a) Is a self-identified consumer of behavioral health services who:
  - (i) Has applied for, is eligible for, or has received behavioral health services; or
  - (ii) Is the parent or legal guardian of a person who has applied for, is eligible for, or has received behavioral health services;
- (b) Is a counselor credentialed under chapter [RCW 18.19](#);
- (c) Has completed specialized training provided by or contracted through the Medicaid agency. If the person was trained by trainers approved by the department of social and health services before October 1, 2004, and has met the requirements in (a), (b) and (d) of this subsection by January 31, 2005, the person is exempt from completing this specialized training;
- (d) Has successfully passed an examination administered by the Medicaid agency or an authorized contractor; and
- (e) Has received a written notification letter from the Medicaid agency stating that the Medicaid agency recognizes the person as a "peer counselor. [WAC 182-538D-0200](#)

**Recovery:** Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. See SAMHSA for more

information: <https://www.samhsa.gov/brss-tacs/recovery-support-tools-resources#:~:text=Through%20its%20engagement%20with%20key,to%20reach%20their%20full%20potential>

**Trauma Informed Approach:** See the SAMHSA definition at <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>



## TECHNICAL ASSISTANCE

Questions specific to the ZoomGrants system, please contact ZoomGrants:

Online: <https://www.zoomgrants.com/about-us/request-technical-help/>

Phone: 866-323-5404 x2, Monday – Friday 9AM – 4PM (PST)

Technical Assistance for completing an application is available based on the timeline provided in Section II of this NOFO.

Contact BHF Program staff:

[BHFInquiry@commerce.wa.gov](mailto:BHFInquiry@commerce.wa.gov)

Monday – Thursday 7AM – 4PM (PST)

The BHF Program provided a live webinar and materials from that webinar (video, PPT, FAQ) are posted to our BHF [webpage](#) for your reference. There will also be a live webinar and live Q&A sessions held in May where applicants may ask questions and get responses from program staff and our partners. More information about the webinar and Q&A sessions is available on our BHF [webpage](#).

Program or application questions that come up after the Technical Assistance period, outlined in Section II of this NOFO, may be addressed by referencing our Frequently Asked Questions (FAQ) at the [BHF webpage](#).

Technical assistance related to project siting, design, rates and licensure and certification requirements is available by reviewing the following sources:

[Commerce Behavioral Health Model Ordinance and Communications Toolkit](#)

[Washington State Department of Health - Construction Review Services](#)

[Health Care Authority Tool Kits for Peer Respite, IBHT Facilities and 90/180-day](#)

[LTCC Facilities](#)

[Department of Social and Health Services - Enhanced Services Facilities](#)

[Department of Social and Health Services - Specialized Dementia Care](#)

Health Care Authority Contact for Rate Information – Michele Wilsie 360-725-9421 or [michele.wilsie@hca.wa.gov](mailto:michele.wilsie@hca.wa.gov)

Fee schedules go to, [Provider billing guides and fee schedules | Washington State Health Care Authority](#)

For questions and clarifications about this NOFO, contact the NOFO Coordinator:

Leslie Wolff, Behavioral Health Program Supervisor,

[Leslie.Wolff@commerce.wa.gov](mailto:Leslie.Wolff@commerce.wa.gov)

## APPLICATION DEBRIEFING

If an applicant has questions about how the solicitation was conducted or about the evaluation process, following the announcement of successful awardees, the applicant

may request to debrief with program staff. The applicant must make a request for debrief during the Application Debriefing Period outlined in Section II of this NOFO. We will allow applicants to request debrief for any of the following:

- To receive feedback about the applicant's submitted application
- A matter of bias, discrimination, or conflict of interest on the part of an evaluator
- Non-compliance with procedures described in the NOFO

BHF Program staff shall provide a meeting time so that the applicant and BHF Program staff can meet. The meeting will be scheduled no more than fourteen (14) business days from the receipt of the request to debrief, unless additional time is needed. BHF Program staff shall notify the applicant if additional time is needed.

The BHF Program decision is final and no appeal process is allowed.

## DISCLAIMER

The BHF Program reserves the right to revise this NOFO, Program Guidelines and FAQ. If so, updated information will be published on the [Community Capital Facilities - Behavioral Health Facilities](#) webpage. Be advised that numbers for application questions and order of questions, as outlined in this NOFO, may change in the actual ZoomGrants online application.

## PROPRIETARY INFORMATION AND PUBLIC DISCLOSURE

All applicants should be aware that applications submitted in response to this NOFO shall be the property of Commerce. All applications received shall remain confidential until funding decisions are announced; thereafter, the applications and all submitted materials shall be deemed public records as defined in [Chapter 42.56 of the Revised Code of Washington](#) (RCW).

Any information in the proposal that the applicant desires to claim as proprietary and exempt from disclosure under the provisions of Chapter 42.56 RCW, or other state or federal law that provides for the nondisclosure of your document, must be clearly designated. The information must be clearly identified and the particular exemption from disclosure upon which the applicant is making the claim must be cited. Each answer to an application question or page of supplemental information provided that contains the information claimed to be exempt from disclosure must be clearly identified by the words "Proprietary Information." A document should be uploaded into the documents section of your application identifying all application questions and supplemental information that the applicant has indicated as Proprietary Information and also the particular exemption citation. Marking the entire proposal exempt from disclosure or as Proprietary Information will not be honored. If a public

records request is made for the information that the applicant has marked as "Proprietary Information," Commerce will notify the applicant of the request and of the date that the records will be released to the requester unless the applicant obtains a court order enjoining that disclosure.

If the applicant fails to obtain the court order enjoining disclosure, Commerce will release the requested information on the date specified. If an applicant obtains a court order from a court of competent jurisdiction enjoining disclosure pursuant to Chapter 42.56 RCW, or other state or federal law that provides for nondisclosure, Commerce shall maintain the confidentiality of the applicant's information per the court order.

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End of Document  
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Washington State Dept. of Commerce  
Commerce Community Capital Facilities

## 2023-2025 Behavioral Health Facilities – Intensive Behavioral Health Treatment Facilities

Deadline: 2/12/2024

### Print Preview Prop

Jump to: [Pre-Application Questions](#) [General Application Questions](#) [Budget](#) [Documents](#)

**USD\$ 0.00** Requested  
USD\$ 0 Total Capital Project Cost

[printpreview@printpreview.com](mailto:printpreview@printpreview.com)  
Tel: 888-867-5309

**Additional Contacts**  
*none entered*

### Pre-Application Questions [top](#)

#### Pre-Application Questions

##### 1. What type of entity is the applicant?

Select Only One

- ☐ Local Government
- ☐ Tribal Government
- ☐ Tribal Enterprise doing business on the reservation
- ☐ Tribal Member doing business on the reservation
- ☐ Non-Profit Corporation
- ☐ Public Benefit Corporation
- ☐ General Partnership
- ☐ Limited Partnership
- ☐ Limited Liability Limited Partnership
- ☐ Corporation
- ☐ Limited Liability Company
- ☐ Sole Proprietorship

**2. If the applicant is a subsidiary of, or is in partnership with, another organization you must have that entity's support for the long-term commitment and success of this proposed project in order to apply. Please provide the name of the parent/holding company or partnering organization.**

*Please upload a document from the parent or partner organization confirming support of this proposed project. If the applicant is not a subsidiary of or in partnership with another organization, enter N/A as your response.*

*-no answer-*

**3. Are there other facilities operated by the same governing agents as the applicant or are there other entities made up of the same governing agents as the applicant? (An example of this would be the applicant operating more than one LLC.) If your answer is "yes" please upload a document listing the facilities, entities and/or additional LLCs and the applicant's relationship to them.**

- ☐ Yes. Document has been uploaded.

☐ No.

**4. Having a comprehensive understanding of what is required to develop, construct, license and operate a behavioral health facility is important to successfully applying for this capital grant. Please use the template provided to tell us the steps you've taken to inform yourself about how to move forward with the proposed capital project. In the table, please indicate what resources you've reviewed and contacts you've made. Provide a brief summary of the activity. For example, if you have conducted outreach with a local jurisdiction, please give the name of that jurisdiction. If an activity does not apply to the proposed capital project, enter N/A. Please provide your answers using the template provided in this pre-application.**

*Select Only One*

☐ Yes. Document has been uploaded.

☐ No

**5. What is the address of the site(s) where the grant funds will be used? Please answer in the following format: Address, City, State and Zip Code.**

*TBD is not an acceptable response. If a site address hasn't been established, provide the abbreviated legal description. If a site is yet to be purchased or leased, provide information about the general area/region you intend to use grant funds.*

*-no answer-*

**6. What is the county (or counties) where the proposed capital project will be sited? If you provided an address or legal description in Question #4, tell us the county (or counties) of the site. If you do not have an address yet please respond with no more than two possible counties.**

*TBD is not an acceptable response.*

*-no answer-*

**7. Applicants must have relationships with the Behavioral Health Administrative Service Organization (BH-ASO) and Integrated Managed Care Organization (MCO) entity(ies) in the region where the facility will be sited. Tell us which BH-ASO and MCO entities the applicant is currently in conversations with and will work with for behavioral health services if the proposed project is funded. Based on your response, describe in detail the outreach you've completed to date and the history your organization has working with the designated BH-ASO and MCO's. BH-ASOs: Pierce, Southwest, North Central, Great Rivers, Greater Columbia, King, North Sound, Salish, Spokane, Thurston-Mason. MCOs: Amerigroup Washington, Coordinated Care of Washington, Community Health Plan of Washington, Molina Healthcare of Washington, United Healthcare Community Plan.**

*If you need more information, please reach out to the BH-ASO and/or MCO in the region for your proposed project.*

*-no answer-*

**8. Describe how the proposed project, once complete, will minimize gaps in regional behavioral health service. The answer provided must cite specific gaps in behavioral health services in the region, the sources used to determine the identified service gaps, and how the completed capital project will help address those gaps.**

*Behavioral health services are defined in 71.24 RCW and 71.36 RCW. Regions are defined by the BH-ASO. See the NOFO for links to RCWs and the map for the region associated with your proposed project site.*

*-no answer-*

**9. Funding through the BHF program requires that once the capital project is complete, behavioral health service capacity be increased. Tell us how much increased capacity will be created by the proposed project.**

*Please mark NA for the items that do not apply to your project.*

BEDS

RECLINERS

OUTPATIENTS SERVED IN YEAR ONE

OUTPATIENTS SERVED IN YEAR TWO

0.00 TOTAL

**10. If your application is successful, how will the awarded Behavioral Health Facilities (BHF) Program funds be used?**

*Select All That Apply*

☐ To purchase real property through a real estate closing process

☐ To plan and design renovation or new construction of a facility

☐ To pay for tenant improvement capital costs

☐ To renovate existing square footage of a facility

☐ For new construction to add new square footage to an existing facility

☐ For new construction of a facility

- ☐ To provision a facility with allowable equipment

**11. Scope of Work:** In question #9 you've given us a high level view of how the BHF grant will be used, now please provide more details that explain ALL of the items selected above. This preliminary Scope of Work will help us understand what is being proposed for the capital project so we can determine if the project is eligible for funding. **REMINDER:** Capital funds can't be used for operations or services so don't include narrative about what the operational/service outcomes will be in your Scope of Work. If the capital work on a facility is phased and this application is for a single phase of a larger capital project be sure to tell us what phase is being applied for and the status of any completed phases.

-no answer-

**12. Has a direct appropriation or competitive award through the BHF Program previously been awarded for any part of the proposed capital project or any other capital project at the site? In the space provided, indicate 'Yes' or 'No'. And if 'Yes,' tell us the project/contract number for the other project(s) and how the scope of work for this proposed capital project is different than all other scope of work that you have received funding for through the BHF program at this site. (Please note: You may only apply for one type of funding during this funding round per project.)**

A definition of "Project" is provided in the NOFO. If this question does not apply, answer NA.

-no answer-

**13. By checking the boxes below, the applicant commits to:**

Each of the following must be committed to for the Pre-Application to be considered.

- ☐ Serve persons who are publicly funded.
- ☐ Create new capacity for behavioral health services.
- ☐ Address gaps in geographical behavioral health service needs.
- ☐ Use the grant for the facility type applied for, in the county identified, and if a site is identified the proposed project will be established at that location. If modifications to these criteria are needed they will be pre-approved by Commerce.
- ☐ Provide licensed behavioral health services at the site where the BHF grant is used for at least a 10-year period following the last payment of reimbursable costs.
- ☐ Comply with all applicable Public Works (RCW 39.80 and 39.04), Prevailing Wage (RCW 39.12)) and Apprenticeship requirements.
- ☐ Is not applying for funding for a project that is already complete or will be complete by the date of an award letter.
- ☐ Information provided in the application is accurate
- ☐ .

#### Documents Requested \*

#### Required? Attached Documents \*

Q4. Having a comprehensive understanding of what is required to develop, construct, license and operate a behavioral health facility is important to successfully applying for this capital grant - Template Table Document Required

[download template](#)



### General Application Questions [top](#)

#### General Application Questions

**1. To receive an award, you are required to commit to 10 years of service at the site where the grant funds will be used, do you currently own or lease the property?**

Select Only One

- ☐ Own
- ☐ Lease of less than 10-years remaining on the term and owner is not aware we have applied for this funding.
- ☐ Lease of less than 10-years remaining on the term and owner is supportive of extending the lease to meet the requirements of the BHF program.
- ☐ Lease of 10 or more years remaining on the term.
- ☐ Do not own or lease site at this time.

**2. If the property is not yet owned or under a lease of less than 10-years? If either of these are true, upload a**

**document explaining next steps to secure real property or how you will work with the landlord to ensure the property will be available for the required term of 10-years.**

- ☐ Do not own property. Document uploaded.
- ☐ Lease of less than 10 years. Document uploaded.
- ☐ Lease of 10 or more years remaining on the term.
- ☐ Property owned by applicant.

**3. Describe steps already taken to consult with the local planning office (local land use permitting authority) to verify the project site aligns with local zoning and other regulations as required to acquire permits necessary for siting and construction. If no outreach with the local jurisdiction has been conducted, zero points will be awarded. More points will be awarded to applicants who attach documentation of outreach. If you have not already done so, please review the Behavioral Health Model Ordinance and communication toolkit on the Commerce website.**

-no answer-

**4. How do you anticipate managing delays due to material and labor shortages and increases in material costs? Please provide any backup documentation you have demonstrating site costs and/or contingencies.**

-no answer-

**5. Project readiness is an important component in our funding decision. All grant funds for this funding opportunity will expire on June 30, 2025, unless the Legislature authorizes an extension. Please keep in mind that it may take several months to get under contract once awards are made and factor that time in to your plan accordingly. We must be able to understand where the applicant is in the planning and development process. Provide dates, even if projected, for all of the following.**

*If an activity does not apply to your project, answer NA. If documentation is available please provide. For example if you have a letter of intent from another funding source or an existing purchase and sale agreement.*

<input type="text"/>	If funds, in addition to the BHF grant, are needed in order to complete the proposed capital project outlined in the Scope of Work, by what date is/will those funds be committed.
<input type="text"/>	If funds, in addition to the BHF grant, are needed in order to complete additional capital work that is not outlined in the Scope of Work, so the facility may become operational, by what date is/will those funds be committed.
<input type="text"/>	If the proposed capital project is being built in coordination with some other capital project on the same site, for example an affordable housing development, provide the date funding for this other capital project is/will be committed.
<input type="text"/>	Date site control is or will be achieved.
<input type="text"/>	Date for zoning and permitting to be complete for the capital project outlined in the Scope of Work.
<input type="text"/>	Date of finalized construction budget for the capital project outlined in the Scope of Work.
<input type="text"/>	Date of finalized equipment budget for the capital project outlined in the Scope of Work.
<input type="text"/>	Date project will be put out for construction bid.
<input type="text"/>	New construction start date for the capital project outlined in the Scope of Work.
<input type="text"/>	Renovation start date for the capital project outlined in the Scope of Work.
<input type="text"/>	Completion date for new construction or renovation for the capital project outlined in the Scope of Work.
<input type="text"/>	Date of licensure and certification for the behavioral health facility and services.
<input type="text"/>	First date of operation.
<input type="text" value="0.00"/>	<b>TOTAL</b>

**6. Many proposed capital projects, in facilities that provide beds and treatment must utilize the Department of Health (DOH) Construction Review Services. What is the status of this capital project's DOH Construction Review?**

*Select Only One,*

- ☐ Not yet started a DOH Construction Review but will once funding for this capital project is secured.
- ☐ Initiated DOH Construction Review for this capital project.
- ☐ Completed a DOH Construction Review for this capital project.
- ☐ NA - DOH Construction Review is not applicable to this project.

**7. Proposed capital projects, that expand the service capacity of certain healthcare facilities, may need to go through the DOH Certificate of Need (CoN) process. Consultation with DOH must occur in order to determine if the proposed capital project will cause a CoN to be needed at the facility. Indicate the date communication with DOH about this requirement was initiated, and if applicable the date the CoN was started or was completed. Please**

**upload documentation demonstrating communication with DOH.**

*If this question does not apply, answer N/A. Some project types, like IBHTF, do not require CoN.*

-no answer-

**8. Proposed capital projects that expand the number of beds in a facility beyond 16-beds may trigger the Institution for Mental Disease (IMD) designation. If the services at the site include diagnosis, treatment or care of persons with mental disease, including SUD treatment and mental disorder treatment, or medical attention, nursing care and related services consultation with the WA State Health Care Authority (HCA) Division of Behavioral Health Recovery (DBHR) must occur in order to determine if the proposed capital project will trigger the IMD designation. Indicate the date the communication with DBHR occurred and the outcome of the communication about the proposed number of beds at the facility once the capital project is completed. Please upload documentation demonstrating communication with DBHR.**

*If this question does not apply, answer N/A.*

-no answer-

**9. Will the applicant be the behavioral health service provider at the site? If the applicant won't be the service provider at the site, provide the name of the service provider if it is known.**

*If the specific service provider is not yet known, please upload a document listing the service providers you are talking to about this project or the timeline for requesting proposals (RFP).*

-no answer-

**10. If the site, where the BHF grant will be used, is currently operational tell us about the current behavioral health services. 1. If the site is not currently operational, enter N/A. 2. The name of the service provider. 3. What services is the site licensed/certified to provide? 4. What is the staffing pattern? 5. If beds are provided at the site, how many beds the site is licensed for in total and how many beds the site is licensed for each specific service type provided? Also, tell us how many people were served with those beds in 2020, 2021 and 2022? 6. If healthcare recliners are in use at the site, tell us how many healthcare recliners you have and how many people were served in 2020, 2021 and 2022? 7. If out-patient services are provided, how many people were served in 2020, 2021 and 2022?**

*The response must include an answer to each of the numbered questions. If all questions are not answered the applicant will receive zero points on this question. If the site is not currently operational, enter N/A.*

-no answer-

**11. Does your organization have experience running and setting up this kind of facility or program? If yes, please upload a document with information about the facilities you run. Be sure to include information on your licensure and accreditation, including license numbers for Washington and/or any other state you're licensed for.**

☐ Yes. Further information has been uploaded.

☐ No

**12. If the site is currently operational, what ages are served at the facility?**

*Select All That Apply*

☐ N/A

☐ Early Childhood (birth through age 5 years)

☐ Middle Childhood (ages 6 through 12)

☐ Adolescence (ages 13 through 17)

☐ Young Adult (18 through 25)

☐ Adults (over 25)

**13. Once the project you're applying for is complete, what will the services and operations look like? 1. Based on your conversations with BH-ASO's and MCOs about need in the region you are applying for, what behavioral health services will be provided and 2. What is the anticipated overall increase in behavioral health service capacity (# of beds)? 3. How many children and youth do you expect to be served with those beds in the first year? 4. If clients will come to the site from outside the region, what is the transportation plan to serve clients from surrounding areas? 5. If clients will come to the site from outside the region, what is the transportation plan to serve clients from surrounding areas (include bringing individuals to the facility, transporting individuals back to the region they plan to reside in, and transportation to follow-up appointments)? 6. What underserved populations will be served at the facility? 7. How will the proposed services address gaps in services within the BH-ASO region?**

*The response must include an answer to each of the numbered questions. If all questions are not answered, the applicant will receive zero points on this question. RCSP funds can only be used for residential beds. Not for outpatient.*

-no answer-

**14. Please upload a document detailing your plan to meet the many staffing requirements to serve the ages and populations you've identified throughout this application, your plan to meet the many staffing requirements to**



serve the ages and populations you've identified throughout this application. 1. Explain how staff will ensure the safety of all age groups they plan to serve. Please provide details on co-mingling of age groups. 2. What will the staffing pattern be? Will it vary depending on population/age group you're serving? 3. How will staff be recruited and retained? 4. How will your staffing pattern ensure resident safety 24 hours a day?

*The uploaded response must include each of the numbered questions. If all questions are not answered the applicant will receive zero points in this question.*

- ☐ The document has been uploaded.  
☐ No document has been uploaded.

**15. Please explain why it is important to offer developmentally appropriate interventions at your facility. What are key components of a developmentally appropriate intervention?**

*-no answer-*

**16. Describe how you will serve people with co-occurring behavioral health needs and Intellectual/Development Disability (I/DD) or Autism Spectrum Disorder (ASD).**

*-no answer-*

**17. How will barriers be mitigated and safety concerns be addressed to underserved and historically marginalized communities? Please ensure that the organization's policies and procedures address this information.**

*Including, but not limited to individuals marginalized by factors such as language, race, wealth, immigration status, sexual orientation, gender identity and disabilities.*

*-no answer-*

**18. How will services for Tribal members be coordinated?**

*-no answer-*

**19. Tell us how culturally competent behavioral health services will be provided at the site.**

*-no answer-*

**20. Community partnerships are important to providing comprehensive social and health services at the site. Tell us about the collaboration, coordination, and community networking with other organizations that will occur in order to strengthen the services provided at the site.**

*-no answer-*

**21. What is your plan for addressing safety precautions and de-escalating aggressive behavior within the facility? Please indicate if you plan to use seclusion and restraint or any alternative methods like the sanctuary model.**

*-no answer-*

**22. Describe which evidence based care practices will be provided at the facility.**

*-no answer-*

**23. How will populations who traditionally do not engage in "western or traditional mental health services" be served and indicate whether you have worked with anyone in these communities on project development?**

*-no answer-*

**24. Will your facility allow for walk-in or self-referral for those seeking immediate assistance for their crisis?**

- ☐ Yes  
☐ No

**25. Will your facility allow for first responder coordination or drop-off?**

- ☐ Yes, coordination only  
☐ Yes, drop-off only  
☐ Yes, coordination and drop-off  
☐ No

**26. How will your facility collaborate to ensure smooth admission to the facility, transfers if necessary, and referrals? Your answer must respond to all the following if applicable to the facility type being proposed: 1. Mobile Crisis Response (MCR) 2. Designated Crisis Responders (DCR) and other local crisis resources 3. First responders 4. Law enforcement 5. Hospitals 6. Schools (applicable only to child/youth csu/triage) 7. Other publicly funded systems**

*The response must include each of the numbered questions. If all questions are not answered the applicant will receive zero points in this question.*

*-no answer-*

**27. All facilities serving persons with behavioral health needs may at some point have a client decompensate while in their care. Tell us how you will ensure the appropriate next level of care for the individual.**

-no answer-

**28. How will you prepare individuals for a successful discharge who do not have housing or likelihood of a successful placement?**

-no answer-

**29. After reviewing the IBHTF toolkit, please describe your service delivery model.**

-no answer-

**30. How do you propose to integrate the principles of the Substance Abuse & Mental Health Services Administration (SAMHSA) principles for Trauma Informed Approach?**

-no answer-

**31. Describe the plan to address limited egress while respecting resident's rights and follow the WAC 246-431-1137 (11) requirements.**

-no answer-

**32. What is your experience providing services to the target population of an IBHTF?**

-no answer-

**33. Will there be any populations you will not be able to serve? Please upload a document describing your process for determining eligibility for the program. Include information about what exclusionary criteria will you use (if any).**

☐ Yes. Document uploaded.

☐ No.

**34. What kinds of skills training are you willing to provide?**

*Please check all that apply.*

☐ Peer support services

☐ Behavior management

☐ Self-management medications

☐ Activities of daily living training

☐ Community integration skills

**35. Do you plan on using peer support services?**

☐ Yes.

☐ No.

**36. WAC 246-341-1137 (10) requires the facility to have an MOU with the local crisis system, including the closest agency providing E&T services and the DCRs. Have you begun this process?**

☐ Yes.

☐ No.

**37. Please upload a document describing how you will ensure equitable service for individuals who are not Least Restrictive Alternative (LRA) clients.**

☐ Document uploaded.

☐ No document uploaded.

**38. By submitting this application, I understand that my organization must adhere to all of the following, as specified in the 2023-25 Washington State Capital Budget: a) Develop application in collaboration with one or more regional behavioral health entities that administer the purchasing of services. b) Meet gaps in geographical availability of behavioral health services. c) Meet applicable licensing and certification requirements. d) Commit to serve persons who are publicly funded and persons detained for involuntary commitment under RCW 71.05. e) Commit to maintain and operate beds or facility for a time period commensurate to state investment, but for at least ten years. f) Provide construction and modification completion dates as response to appropriate questions above. g) Provide a detailed estimate of costs as response to appropriate questions above. h) Provide construction a financial plan demonstrating your ability to operate and maintain your facility as response to appropriate questions above. i) Commit to working with local courts and prosecutors to ensure they are available to conduct involuntary commitment hearings and proceedings under RCW 71.05.**

☐ My organization has read and is able to commit to all of the above at this time.

- ☐ My organization is still working on some elements of these requirements and will be able to commit to all of the above at the time of award, if awarded.
- ☐ My organization is not able to commit to all of the above.

## Budget [top](#)

Sources of Funds	Column #1	Column #2	Column #3
-none-	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
Uses of Funds	Column #1	Column #2	Column #3
-none-	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00

## Documents [top](#)

Documents Requested *	Required? Attached Documents *
Site Control Documentation (Own or Lease)	<input checked="" type="checkbox"/>
Preliminary Construction Bid or Estimate	
Preliminary Equipment Bid or Estimate	
Funding Commitment Statement(s)	<input checked="" type="checkbox"/>
Operating Budget (MUST USE TEMPLATE) <a href="#">download template</a>	<input checked="" type="checkbox"/>
Projected Expenditure of BHF Grant (MUST USE TEMPLATE) <a href="#">download template</a>	<input checked="" type="checkbox"/>
Uses of Funds Budget Narrative (MUST USE TEMPLATE) <a href="#">download template</a>	<input checked="" type="checkbox"/>
Final Construction Bid	
Final Equipment Bid	
Letter of support from applicant's parent or partner organization	
Operating Plan	<input checked="" type="checkbox"/>
BH-ASO and MCO letters of support	<input checked="" type="checkbox"/>
Local government and community organizations letters of support	<input checked="" type="checkbox"/>
Zoning and permitting status	<input checked="" type="checkbox"/>
Letter requesting confidentiality of proprietary information	
Applicant Financial Statements (to demonstrate ability to complete project)	<input checked="" type="checkbox"/>

\* ZoomGrants™ is not responsible for the content of uploaded documents.

Application ID: 124545