

Request for Applications
Community-based Prevention Services For Youth Marijuana Misuse and Abuse Prevention
 Washington State Department of Social and Health Services
 Division of Behavioral Health and Recovery (DSHS/DBHR) - Dedicated Marijuana Account Funding

Request for Applications:	Community-based Prevention Services For Youth Marijuana Misuse and Abuse Prevention
Short Title:	DMA CBO Grant Application
Request for Application (RFA) number:	#18/19-004
Estimated Contract Period:	August 15, 2017 through June 30, 2019. Amendments extending the period of performance, if any, shall be at the sole discretion of DSHS.
Application Due Date:	All proposals must be received via email July 21, 2017 by 5:00 P.M. PDT.
Submit Application To:	Submit complete application packages to Prevention@dshs.wa.gov with the Subject line: RFA #18/19-004 - DMA CBO Grant Application – [Community Name]
Informational Webinar:	July 6th, 2017 1:00 PM - 3:00 PM PDT Click on the Link: https://global.gotomeeting.com/join/447943461 You can also dial in using your phone. United States: +1 (646) 749-3122 Access Code: 447-943-461
Questions:	Questions may be submitted to Prevention@dshs.wa.gov with subject line Subject line: RFA #18/19-004 - DMA CBO Grant Application – [Community Name]. Each Friday an updated list of Questions and Answers will be posted here: http://www.theathenaforum.org/grants
Application:	<i>Request for Applications instructions and related forms can be downloaded at The Athena Forum at http://www.theathenaforum.org/grants</i>

Table of Contents

Part A: General Application Instructions	2
1. Eligible applicants	2
2. Definitions.....	2-4
3. Purpose	5
4. Eligible High-need Communities.....	6
5. Scope of Work.....	7
6. Submission of Application	8
7. Scoring Criteria.....	9-11
Part B: Application Materials	12
Appendix A: Application Face Page (Form A).....	12
Appendix B: Project Narrative (Form B).....	13-14
Appendix C: New Contractor Intake.....	14
Appendix D: Action Plan.....	15
Appendix E: Budget	16
Appendix F: List of Current CPWI Communities.....	17

Request for Applications
Community-based Prevention Services For Youth Marijuana Misuse and Abuse Prevention
Washington State Department of Social and Health Services
Division of Behavioral Health and Recovery (DSHS/DBHR) - Dedicated Marijuana Account Funding

Part A: General Application Instructions

This packet contains information about the opportunity and process by which Community-based Organizations (CBOs) and other qualified applicants may apply for a grant to implement substance use disorder prevention services focused on prevention of youth marijuana misuse and abuse as outlined in RCW 69.50.540. The Request for Applications packet contains implementation details, requirements and reporting deadline. **Required strategies and activities must be implemented within identified timelines.**

Note: Not all applications will be awarded. Funding is dependent on interest, application scores, state distribution of geographic location and community population size, and risk ranking. See scoring criteria on pages 9-11.

1. Eligible applicants

Eligible applicants include Community-Based Organizations (CBOs), current Community Prevention and Wellness Initiative (CPWI) communities, government and public agencies (for example, school districts, law enforcement, counties, and ESDs) and organizations with youth and family-serving capacity to serve high-need communities in Washington State. DSHS/DBHR is interested in applications for proposals from service entities that demonstrate excellence in service delivery to priority high-need communities (see list of high-need communities on pages 6), communities of color, veterans and military families, persons with disabilities, and members of LGBTQ communities.

2. Definitions

- a. **“Action Plan”** means DBHR’s required template for all applicants to demonstrate an implementation plan during a fiscal term, must include details about program(s), Target Audience, dates, dosage, leadership, and implementation partners.
- b. **“Allowable costs”** means costs that are allowable as noted in the cost principles of PART 200—UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS.
- c. **“Allowable programs”** means only the programs or strategies offered as choices in Appendix A.
- d. **“Coalition”** means a formal arrangement for cooperation and collaboration between groups or sectors of a community. Each group retains its identity, but all agree to work together toward a common goal of building a safe, healthy, and drug-free community.
- e. **“Community”** means a geographic area within school district boundaries, or High School Attendance Areas (HSAA) and their feeder schools.
- f. **“Community-based organization”** or **“CBO”** means a public or private nonprofit organization of demonstrated effectiveness that is representative of a community or significant segments of a community; and provides educational or related services to individuals in the community. This includes faith-based and religious organizations.
- g. **“Community Prevention and Wellness Initiative”** or **“CPWI”** means the DSHS substance use prevention delivery system that focuses prevention services in high-need communities in Washington State as selected by Counties and Contractors and approved by DSHS. More information about CPWI is available at www.TheAthenaForum.org/CPWI.

Request for Applications
Community-based Prevention Services For Youth Marijuana Misuse and Abuse Prevention
Washington State Department of Social and Health Services
Division of Behavioral Health and Recovery (DSHS/DBHR) - Dedicated Marijuana Account Funding

- h. **“Dedicated Marijuana Account” or “DMA”** means revenue generated by the taxation of retail marijuana as a result of the implementation of Initiative 502 (I-502) as authorized in Chapter 4, Laws of 2015 (2nd Special Session); codified in RCW 69.50.540.
- i. **“Direct program services”** means services provided to an individual or group using an in-person program delivery method.
- j. **“Environmental strategy services”** means efforts to implement an environmental strategy in a community setting. Environmental strategies are designed to make community-level change and not intended to focus on specific individuals.
- k. **“Evidence-Based Programs”** means a program that has been tested in heterogeneous or intended populations. A program that has also had multiple randomized and/or statistically-controlled evaluations, or one large multiple-site randomized and/or statistically-controlled evaluation, and the weight of the evidence from a systematic review demonstrates sustained improvements in at least one of the desired outcomes, can be implemented with a set of procedures to allow successful replication in Washington.
- l. **“Health Disparities”** means “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.” (Healthy People 2020)
- m. **“Health Equity”** means the “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.” (Healthy People 2020)
- n. **“Ongoing Cycle”** means program delivery that is implemented based on an approved plan by DBHR. Ongoing Cycle provides consistent, reliable services that community-based organizations can and other community partners can refer members of the community to participate in during a funding term.
- o. **“Project Narrative”** means the written answers to the questions on Form B: Project Narrative
- p. **“Promising Programs”** means a program that is based on statistical analyses or a well-established theory of change, shows potential for meeting the “evidence-based” or “research-based” criteria, and could include the use of a program that is evidence-based for outcomes other than the alternative use.
- q. **“Research-Based Programs”** means a program that has been tested with a single randomized and/or statistically controlled evaluation, demonstrates sustained desirable outcomes; or where the weight of the evidence from a systematic review supports sustained outcomes as identified in the term “evidence-based,” but does not meet the full criteria for “evidence-based.”

Request for Applications
Community-based Prevention Services For Youth Marijuana Misuse and Abuse Prevention
Washington State Department of Social and Health Services
Division of Behavioral Health and Recovery (DSHS/DBHR) - Dedicated Marijuana Account Funding

- r. **“Substance Use Disorder Prevention and Mental Health Promotion Online Reporting System” or “Minerva”** means the online data entry system for documenting and reporting prevention services. **“Target Audience”** means the indicated program participant a service is designed for based on the program design. A community may determine target audience by geography or sub-population to ensure effective program delivery.
- s. **“Target Audience”** means the indicated program participant a service is designed for based on the program design. A community may determine target audience by geography or sub-population to ensure effective program delivery.
- t. **“Work Plan”** means the requirements of this application that a contractor demonstrates an ability to meet in order to be eligible for funding.

Request for Applications
Community-based Prevention Services For Youth Marijuana Misuse and Abuse Prevention
Washington State Department of Social and Health Services
Division of Behavioral Health and Recovery (DSHS/DBHR) - Dedicated Marijuana Account Funding

3. Purpose

The Washington State Department of Social and Health Services, Division of Behavioral Health and Recovery (DSHS/DBHR) intends to award contracts to community-based organizations (CBOs) or public agencies (for example, school districts, law enforcement, counties, and ESDs) to serve high-need communities in Washington State to provide quality and culturally competent replications of evidence-based, research-based and promising substance use prevention programs in accordance with RCW 69.50.545¹. DBHR intends to increase capacity to implement direct and environmental substance use disorder prevention services in communities.

Priority scoring will be given to CBOs serving high-need communities listed on page 6. Organizations are encouraged to partner with Community Prevention and Wellness Initiative (CPWI) Coalitions or other existing community coalitions when possible. DBHR is not excluding any CBO from applying, but those who submit proposals in identified high-needs communities are eligible to receive priority scoring. You may submit your application for consideration even if your community is not on the prioritized list.

DSHS/DBHR intends to award ten (10) to fifteen (15) contracts to local CBOs, governments, or public agencies to serve high-need communities in Washington State², and will grant up to \$20,000 per proposal that will serve a single community and/or up to \$100,000 for proposal(s) that serve multiple communities on an annual basis.³ In accordance with DMA requirements, overall funding opportunity is weighted to fund at least 85% Evidence-based Programs/Research-based programs (EBP/RBP) and up to 15% promising programs. DBHR reserves the right to negotiate with applicants for project scope and funding amounts. Organizations are encouraged to partner with Community Prevention and Wellness Initiative (CPWI) Coalitions or other existing community coalitions when possible.

The award period for this grant is from July 1, 2017 through June 30, 2019. Funding will be distributed on an annual schedule following the Washington State fiscal year from July 1st through June 30th. Funding for the second fiscal year is contingent on satisfactory completion of all contract requirements and project success. Grantees are required to submit an updated Action Plan and Budget to DBHR by March 15, 2018 in order to receive funding for the second year. If the grantee is found to not have completed all requirements identified in the RFA and subsequent contract, the grantee may not be awarded funds for the second fiscal year. Funding for the second year is contingent on continued state funding.

DBHR reserves the right to negotiate with applicants for project scope and funding amounts. Special consideration during selection will include community geographic location(s) to provide for project distribution statewide and overall risk ranking.

¹ RCW 69.50.545 text can be found at <http://app.leg.wa.gov/RCW/default.aspx?cite=69.50.540>

² DBHR is not excluding any CBO from applying. You may submit your application for consideration even if your community is not on the prioritized list.

³ Funding is contingent on appropriations in the Operating Budget by the Washington State Legislature.

Request for Applications
Community-based Prevention Services For Youth Marijuana Misuse and Abuse Prevention
Washington State Department of Social and Health Services
Division of Behavioral Health and Recovery (DSHS/DBHR) - Dedicated Marijuana Account Funding

4. Priority High-Need Communities

County	School District /High School Attendance Area
Benton	Finley
Benton	Kiona Benton
Chelan	Entiat
Clallam	Cape Flattery
<i>Clark</i>	<i>Vancouver: Columbia River H.S. **</i>
<i>Clark</i>	<i>Vancouver: Fort Vancouver H.S. **</i>
Douglas	Eastmont
Grant	Grand Coulee Dam
Grant	Quincy
Grant	Soap Lake
Grant	Warden
Grant	Wilson Creek
Grays Harbor	Aberdeen
Grays Harbor	Elma
Grays Harbor	North Beach
Grays Harbor	Ocosta
Island	South Whidbey
Jefferson	Port Townsend
Kittitas	Kittitas
Klickitat	Goldendale
Lewis	Centralia
Lewis	Napavine
Lewis	White Pass
Lincoln	Almira
Okanogan	Methow Valley

County	School District /High School Attendance Area
Okanogan	Oroville
Pacific	South Bend
Pend Oreille	Newport
Pierce	Eatonville
<i>Pierce</i>	<i>Tacoma: Lincoln H.S. **</i>
<i>Pierce</i>	<i>Tacoma: Mount Tahoma H.S. **</i>
<i>Pierce</i>	<i>Tacoma: Wilson H.S. **</i>
Skagit	La Conner
Skagit	Mt. Vernon
Snohomish	Granite Falls
Snohomish	Sultan
Spokane	Deer Park
Spokane	Riverside
<i>Spokane</i>	<i>Spokane: Rogers H.S. **</i>
Spokane	Spokane: Shadle Park H.S.
Stevens	Kettle Falls
Stevens	Wellpinit
Walla Walla	College Place
Walla Walla	Columbia (Walla Walla)
Whatcom	Mount Baker
Yakima	Grandview
Yakima	Granger
Yakima	Mabton
Yakima	Union Gap
Yakima	Highland

Request for Applications
Community-based Prevention Services For Youth Marijuana Misuse and Abuse Prevention
Washington State Department of Social and Health Services
Division of Behavioral Health and Recovery (DSHS/DBHR) - Dedicated Marijuana Account Funding

County	School District Name
Benton	Finley
Benton	Kiona Benton
Chelan	Entiat
Clallam	Cape Flattery
Clark	Vancouver: Colubia River H.S.
<i>Clark</i>	<i>Vancouver: Fort Vancouver H.S.</i>
Douglas	Eastmont
Grant	Grand Coulee Dam
Grant	Quincy
Grant	Warden
Grays Harbor	Aberdeen
Grays Harbor	Elma
Grays Harbor	North Beach
Jefferson	Port Townsend
Klickitat	Goldendale
Lewis	Centralia
Lewis	White Pass
Okanogan	Oroville
Pend Oreille	Newport
Pierce	Eatonville
<i>Pierce</i>	<i>Tacoma: Lincoln H.S.</i>
<i>Pierce</i>	<i>Tacoma: Mount Tahoma H.S.</i>
<i>Pierce</i>	<i>Tacoma: Wilson H.S.</i>
Skagit	Mt. Vernon
Snohomish	Granite Falls
Spokane	Deer Park
Spokane	Riverside
<i>Spokane</i>	<i>Spokane: Rogers H.S.</i>
Stevens	Kettle Falls
Stevens	Wellpinit
Walla Walla	College Place
Yakima	Grandview
Yakima	Granger

** High School Attendance Area (HSAA), includes feeder schools.

Request for Applications
Community-based Prevention Services For Youth Marijuana Misuse and Abuse Prevention
 Washington State Department of Social and Health Services
 Division of Behavioral Health and Recovery (DSHS/DBHR) - Dedicated Marijuana Account Funding

Yakima	Highland
Yakima	Mabton

Scope of Work

The work of successful applicants will be in accordance with RCW 69.50.545 and shall include but not be limited to the following:

- a. Implement approved Work Plan, submitted in Project Narrative section of application. Work Plan shall include Approved Program(s) from the Youth Substance Use/Misuse/Abuse Prevention Programs, Practices & Strategies list on Appendix A.
 - (1) Applicant shall select one of the following proposal options ((a), (b), or (c))⁴:
 - (a) Only Evidence-based (EB) or Research-based (RB) services are proposed.
 - (b) Only Promising Program services are proposed.
 - (c) Combination of EB/RB and Promising program services proposed. No less than 85% of the proposed budget shall support programs that are either Evidence-based or Research-based from the provided list in this RFA. No more than 15% of funding shall support Promising Programs from the provided list.
- b. Funds shall be used to support program costs including staff for program planning, training, implementation, reporting and evaluation.
- c. Program(s) will be implemented for Target Audience in which they are designed in an Ongoing Cycle in at least one community. Applications may include a proposal to serve more than one community with demonstrated capacity to do so in Project Narrative section.
 - i. Program implementation must be in alignment with the approved Action Plan and Budget submitted with the RFA, including Approved Program(s), dates & timelines, scope, dosage, Target Audience(s), leadership, and responsible parties.
- d. Enter approved Implementation Work Plan into designated prevention reporting system (Substance Use Disorder Prevention and Mental Health Promotion Management Information System (Minerva)) within 30 days of executed contract.
- e. Complete monthly program or strategy services reporting by the 15th of the month following the month of services, including required pre/post-test data.
- f. Participate in monthly DBHR learning community meetings.
- g. Participate in monthly check-in phone calls with contract manager or designee.

⁴ Note: Overall funding opportunity is weighted to fund at least 85% EBP/RBP programs and up to 15% promising programs.

Request for Applications
Community-based Prevention Services For Youth Marijuana Misuse and Abuse Prevention
Washington State Department of Social and Health Services
Division of Behavioral Health and Recovery (DSHS/DBHR) - Dedicated Marijuana Account Funding

5. Submission of Application

Applications must include completed forms and narrative information to be considered. Responses to the questions in the Project Narrative should be no longer than 10 pages total. Application should be completed using no smaller than 12 point Calibri or Times New Roman font. Be sure to include page numbers, RFA short-title; RFA number, and the name of the applicant community on the footer of each page.

Application Due Date: All proposals must be submitted on **July 21, 2017 by 5:00 P.M.** Pacific Standard Time.

Submit Application To: Submit complete application packages to Prevention@dshs.wa.gov with the Subject line: RFA #18/19-004 - DMA CBO Grant Application – [Community Name]

Request for Applications instructions and all related appendices can be downloaded at
<http://www.theathenaforum.org/grants>

- a. Provide a Project Narrative by answering the questions in Form A. If you chose to create a word document, re-state and bold each question in your narrative.
- b. Place all responses and required information under the correct question. Do not direct reviewers to information related to one question in another question. Each question must be answered in its entirety within the numbered question's answer or supplemental documents. All pertinent information must be included in the Project Narrative for appropriate scoring.

Application Proposal shall include the following. Please title each document as indicated below:

- 1 - Application Face Page
- 2 - Project Narrative
- 3 - Project Action Plan
- 4 - Project Budget
- 5 - New Contractor Intake Form (and completion of online registration as DSHS vendor). Submit a completed and signed Contractor Intake Form.
- 6 - Letter of Support from local coalition(s) (optional)
- 7 - Mentoring Program Survey from Mentoring Works Washington (if applicable)⁵

If you need technical assistance using or accessing these documents, please email Prevention@dshs.wa.gov.

⁵ All community-based mentoring programs applicants must complete a Mentoring Works Washington (MWW) program survey with application submission. The survey can be found at this link: <https://www.surveymonkey.com/r/X8TSJHR>

Request for Applications
Community-based Prevention Services For Youth Marijuana Misuse and Abuse Prevention
Washington State Department of Social and Health Services
Division of Behavioral Health and Recovery (DSHS/DBHR) - Dedicated Marijuana Account Funding

6. Scoring Criteria

Only complete applications will be reviewed and scored. For the purposes of this project, a complete application is one that includes all required forms, support documents and that completely answers each question. Funding is dependent on interest, application scores, state distribution of geographic location and community population size, and risk ranking.

Place all responses and required information under the correct question. Do not direct reviewers to information related to one question in another question or section. Each question must be answered in its entirety within the numbered question's answer. All pertinent information must be included in the response in the respective section for appropriate scoring.

- a. The Project Narrative must be complete and detailed for total possible points. If the Project Narrative is incomplete or includes federally unallowable costs, the application will be subject to disqualification. The Project Narrative will be scored according to how well the applicant answers each question using the criteria below. Each narrative question will be assessed when determining the score for each question. If an applicant cannot answer a specific question, then the reason for this must be explained within the answer to the question.
 - (1) Proposed Action Plan must align with the proposed Work Plan in the Project Narrative. Action Plan must be complete and detailed. This shall include program/strategy, community/name, Target Audience(s), dates, dosage, leadership, and responsible parties. If the proposed Action Plan and Work Plan do not reconcile, points will be reduced. If an Action Plan is incomplete or includes unallowable proposed costs or programs, the application will be subject to disqualification.
 - (2) Proposed Budget items must align with the proposed Work Plan in the Project Narrative. Budget must be complete, detailed and all costs proposed must be allowable. A description of how you derived the costs shall be provided in the Budget question (#9) in the Project Narrative. If the proposed Budget and Work Plan do not reconcile, points will be reduced. If Budget is incomplete or includes unallowable proposed costs or programs, the application will be subject to disqualification.
- b. Priority Bonus Points will be awarded for applications that are CBOs; focused in high need communities; and involve coalitions. Priority Bonus Points are application dependent (see section f-i below for more details).
- c. Scoring for multi-community and single-community applications will be evaluated separately.
- d. If the applicant is a current contractor, past performance and implementation of approved Work Plan will be included in the final consideration for funding.
- e. Applications that do not have a minimum score of at least 25 points will not be considered for funding in the final selection.

Request for Applications
Community-based Prevention Services For Youth Marijuana Misuse and Abuse Prevention
Washington State Department of Social and Health Services
Division of Behavioral Health and Recovery (DSHS/DBHR) - Dedicated Marijuana Account Funding

Scoring Points and Point Standards:

f. **Total points available are as follows:**

- (1) Project Description – up to a total of 36 points available
- (2) Action Plan – up to 4 points available
- (3) Budget – up to 4 points available
- (4) Priority Bonus Points - up to 12 points for single-community applications and up to 14 points available for multi-community applications

g. **Points for Project Narrative: Project Description, Action Plan and Budget.**

0 points - Unacceptable: The applicant organization does not explicitly address the narrative question. The applicant organization states the question, but does not elaborate on the response. The applicant organization skips or otherwise ignores the question or includes irrelevant information that does not answer the question. As a result, the answer is completely deficient in addressing the narrative question.

1 Point - Marginal: The applicant organization provides minimal details and insufficient descriptions that do not completely answer the narrative question. Limited information is presented or the applicant merely repeats back information included in the RFA. The applicant may answer part of the narrative question but miss a key point or there are major gaps in the information presented. Application has some strengths but includes identified weaknesses that will likely impact the successful implementation of proposed project.

2 Points - Acceptable: The applicant organization provides a basic response to the narrative question but does not include sufficient detail or supporting documentation. There are some gaps and/or lack of clarity in describing how the proposal will be implemented. Identified weaknesses will likely have some impact on the successful implementation of proposed project.

3 Points - Very Good: The applicant organization provides substantive descriptions and relevant details in addressing the narrative question but the response is not fully comprehensive. Any identified weaknesses will likely have minor impact on the successful implementation of proposed project.

4 Points - Excellent: The applicant organization provides substantive descriptions and relevant details in addressing the narrative question. A sound understanding of the topic is demonstrated and includes pertinent examples. All criteria are fully addressed without identified weaknesses.

Request for Applications
Community-based Prevention Services For Youth Marijuana Misuse and Abuse Prevention
Washington State Department of Social and Health Services
Division of Behavioral Health and Recovery (DSHS/DBHR) - Dedicated Marijuana Account Funding

h. **Priority Bonus Points for Single-Community Applications**

4 Priority bonus points shall be given to applications with proposed program services to serve a high-need community from the list provided on page 6.

4 Priority bonus points shall be given to applicants that are Community-based Organizations.

Up to 4 Priority bonus points per single-community application shall be given for applications demonstrating collaboration with a community coalition. (Up to 3 points for involvement and collaboration. 1 point shall be given for single-community proposals for submitting at least one letter of support from a local community coalition in the service area.)

i. **Priority Bonus Points for Multiple-Community Applications**

Up to 4 Priority bonus points will be awarded for multiple-community applications which include high-need communities, the applicant will receive priority bonus points based on the number of high-need communities included. (0 points for no high-need communities; 1 point for 1-2 high-need communities; 2 points for 3-4 high-need communities; 3 point for 5-6 high-need communities; 4 points for 7 or more high-need communities)

4 Priority bonus points shall be given to applicants that are Community-based Organizations. For multiple-community proposals, the Applicant shall be a Community-based Organization to be awarded the bonus points.

Up to 4 Priority bonus points per coalition letter of support will be awarded for multiple-community proposals. (0 points – no letters; up to 1 point for 1-2 letters; up to 2 points for 3-4 letters; up to 3 points for 5-6 letters; up to 4 points for 7 or more letters)

Up to 2 Priority bonus points will be awarded for multiple-community proposals based on demonstrated collaboration with community coalitions in relation to the number of high-need communities. (0 points – no coalitions; up to .5 point for 1-2 coalitions; up to 1 point for 3-4 coalitions; up to 1.5 points for 5-6 coalitions; up to 2 points for 7 or more coalitions)

Final determination of selected grantees is dependent on application scores, funding distribution following the 85% EB/RB and 15% Promising program requirement in RCW 69.50.540, state distribution of geographic location and community population size, and risk ranking.

Request for Applications
Community-based Prevention Services For Youth Marijuana Misuse and Abuse Prevention
 Washington State Department of Social and Health Services
 Division of Behavioral Health and Recovery (DSHS/DBHR) - Dedicated Marijuana Account Funding

Part B: Application Materials

Appendix A: Application Face Page

(Forms can be downloaded at <http://www.theathenaforum.org/grants>)

Request for Applications
Community-based Prevention Services For Youth Marijuana Misuse and Abuse Prevention
 Washington State Department of Social and Health Services
 Division of Behavioral Health and Recovery (DSHS/DBHR) - Dedicated Marijuana Account Funding

Form A: Application Face Page -
 (Forms can be downloaded at <http://www.theathenaforum.org/grants>)

The Request for Applications packet contains program details, requirements and reporting deadlines for funding available to community-based and public organizations for the provision of substance abuse and youth marijuana use prevention. **Selection of programs should match the need of the community.**
 (Note: Not all applications will be awarded. Funding is dependent on interest, application scores and program funding amounts awarded may vary. See scoring criteria on pages 9-11 of RFA.)

1. Is this an application for: <input type="checkbox"/> a single community <input type="checkbox"/> multiple communities.
2. This application is for a proposal requesting ¹ : a. <input type="checkbox"/> Only for EBP/ RBP services b. <input type="checkbox"/> Only for Promising Program services c. <input type="checkbox"/> At least 85% of requested funding for EBP/RBP services and up to 15% for Promising Program services
3. Community name(s) (service area(s) where proposed services will be provided, and whether they service areas are located in priority high-needs communities): (Priority bonus points available for serving communities listed in Po 6.)
4. School district(s) within service area(s):
5. County(ies):
6. Organization name: _____, Mailing address: _____
7. Organization contact person name: _____, Title: _____, Email: _____, Phone number: _____
8. Organization's DUNS number: _____, Country: _____ +4 (assigned by the US Postal Service)
9. Applicant type: <input type="checkbox"/> public <input type="checkbox"/> community-based organization (non-governmental)

10. Please check the program(s) from the list below you intend to implement with this funding:

Evidence-based & Research-based Programs (EBP/RBP)		
<input type="checkbox"/> Communities That Care	<input type="checkbox"/> Incredible Years	<input type="checkbox"/> Project Toward No Tobacco Use – (adapted for marijuana)
<input type="checkbox"/> Community-based Mentoring: (Big Brothers Big Sisters, Across Ages, Sponsor-a-Scholar, Career Beginnings, the Buddy System, or innovative design- must be approved by Mentoring Works WA) ²	<input type="checkbox"/> Life Skills Training - Middle School	<input type="checkbox"/> PROSPER
<input type="checkbox"/> Family Matters – (adapted for marijuana)	<input type="checkbox"/> Lions Quest Skills for Adolescence	<input type="checkbox"/> SPORT Prevention Plus Wellness
<input type="checkbox"/> Good Behavior Game (GBG)	<input type="checkbox"/> Nurse Family Partnerships	<input type="checkbox"/> Strengthening Families Program: For Parents and Youth 10-14 (Iowa Version)
<input type="checkbox"/> Guiding Good Choices	<input type="checkbox"/> Positive Action	<input type="checkbox"/> Strong African American Families – (Ages 5-11 and Teen version)
	<input type="checkbox"/> Project Northland (may include Class Action)	
	<input type="checkbox"/> Project STAR	
	<input type="checkbox"/> Project Toward No Drug Abuse	
Promising Programs		Environmental Strategies (Promising Programs)
<input type="checkbox"/> Alcohol Literacy Challenge (ALC)	<input type="checkbox"/> Athletes Training & Learning to Avoid Steroids	<input type="checkbox"/> Community Trials Intervention to Reduce High-Risk Drinking (adapted for youth marijuana use prevention)
<input type="checkbox"/> Familias Unidas	<input type="checkbox"/> Keep Safe	<input type="checkbox"/> Policy Review and Development
<input type="checkbox"/> Keepin' It REAL	<input type="checkbox"/> Parent Management Training	<input type="checkbox"/> Purchase Surveys coupled w/ Reward & Reminder
<input type="checkbox"/> Protecting You/Protecting Me		<input type="checkbox"/> Restrictions at Community Events
		<input type="checkbox"/> Social Norms Marketing

¹ Note: Overall funding opportunity is weighted to fund at least 85% EBP/RBP programs and up to 15% Promising Programs.
² All community-based mentoring programs applicants must complete a Mentoring Works Washington (MWW) program survey with application submission. The survey can be found at this link: <https://www.surveymonkey.com/r/X8TSJHR>
 RFA# 18/19-004 - DMA CBO Grant Application - June 2017 1 of 2

Request for Applications
Community-based Prevention Services For Youth Marijuana Misuse and Abuse Prevention
Washington State Department of Social and Health Services
Division of Behavioral Health and Recovery (DSHS/DBHR) - Dedicated Marijuana Account Funding

Appendix B: Project Narrative

(Forms can be downloaded at <http://www.theathenaforum.org/grants>)

Please provide complete information to the following questions to describe the proposed program(s) selected. Please remember: The Project Narrative will be scored according to how well the applicant answers each question. Each narrative question will be assessed when determining the score for each question. If an applicant cannot answer a specific question, then the reason for this must be explained within the answer to the question.

Responses to the questions in the Project Narrative should be no longer than 10 pages total. Application should be completed using no smaller than 12 point Calibri or Times New Roman font. Be sure to include page numbers, RFA short-title; RFA number, and the name of the applicant community on the footer of each page.

Project Description

Your Project Narrative should answer the following:

1. Overview (8 points)

- a. Provide a brief overview of how your program addresses prevention of substance abuse and the proposed strategies to be implemented in the community you intend to serve. (4 Points)
- b. Briefly describe the demographics of the community you intend to serve, as well as, specifically who will be served with these funds. (4 points)

2. Plan for advancing Health Equity (8 points)

- a. Explain how your organization will provide culturally competent and appropriate services, using specific details that demonstrate this capacity. (4 points)
- b. Explain how your organization will be actively involved with reducing health disparities and promoting health equity, using specific details that describe strategies used and/or steps taken. (4 points)

3. Implementation (12 points)

- a. Provide a brief description of how your organization will implemented the chosen program. (4 points)
 - i. Indicate which Approved Program(s), from Appendix A, OR
 - ii. If you are not using Approved Program(s) from Appendix A, please provide the name of the Innovative program(s) your organization
- b. Describe the applicant agency's experience and/or qualifications that demonstrate capacity to fulfill the scope of the services described within the action plan including reaching the goal number of participants. (4 points).
- c. Explain how you will get programs started within the first two (2) months of an executed contract. (4 points)

4. TA/Training (4 points)

- a. Describe the specific technical assistance and training you will need to implement this scope of work and your plan to address these needs. (4 points)

5. Budget (4 points)

- a. Provide a budget narrative describing each of the costs outlined in the proposed budget and how you calculated your proposed costs (i.e., Training Costs, Program Costs, Staffing Costs, etc.). (4 points)

Request for Applications
Community-based Prevention Services For Youth Marijuana Misuse and Abuse Prevention
 Washington State Department of Social and Health Services
 Division of Behavioral Health and Recovery (DSHS/DBHR) - Dedicated Marijuana Account Funding

6. Community Coalition Collaboration (Priority Points up to 4 points Single-Community or 6 Points Multiple-Communities)

- a. Is there currently a community coalition established that will be involved with these efforts?
 Yes No
- a. If collaborating with an established community coalition please provide the coalition name, coordinator name and contact information (phone, email, and website).
- b. How is this coalition funded? (i.e., DSHS/DBHR CPWI, Drug Free Communities)
- c. Explain how the programs proposed in question #3 align with the coalition's current efforts.
- d. Submit a Letter of Support from community coalition (optional).

Appendix C: New Contractor Intake

(Forms can be downloaded at <http://www.theathenaforum.org/grants>)

 <p style="text-align: center;">Contractor Intake Instructions</p> <p>All New DSHS Contractors must:</p> <ul style="list-style-type: none"> Complete, sign and submit the Intake Form to the Department of Social and Health Services (DSHS). Register in the Statewide Payee Registration System. This system is maintained by the Washington State Department of Enterprise Services (DES) to process payments for all Washington state agencies. To register, follow the online instructions at http://des.wa.gov/services/Contracting/Purchasing/Business/VendorPay/Pages/default.aspx. You must complete this step in order to be paid. Please do not return this DSHS Contractor Intake Form to DES; they will not process it. <p>All Existing DSHS Contractors who have changed their business name or business organization, or experienced other significant changes, must:</p> <ul style="list-style-type: none"> Update their information in the Statewide Payee Registration System by following the instructions at http://des.wa.gov/services/Contracting/Purchasing/Business/VendorPay/Pages/default.aspx. Complete, sign and submit a new Contractor Intake form to the Department of Social and Health Services (DSHS). <p>Section One: Contractor Name/Business Organization</p> <p>1. Contractor name.</p> <ul style="list-style-type: none"> For an Individual or Sole Proprietor, enter your name as shown on your Social Security card on the "Name" line. Sole Proprietors provide Last Name, First Name, Middle Name, and Suffix. Other entities. Enter your business name as shown on the legal document creating the entity. <p>2. Business Organization. Please mark only one.</p> <ul style="list-style-type: none"> If you are a nonresident alien foreign person or a business entity established in another state, you must file IRS Form W-8. If you are a Non-profit Corporation or a Faith-Based Non-Profit Corporation, attach a copy of your 501(c)(3) status. <p>3. Taxpayer Identification Number (TIN).</p> <ul style="list-style-type: none"> Individual or Sole Proprietor. If you are a sole proprietor you may enter either your Social Security Number (SSN), or if you have one, your federal Employer Identification Number (EIN). Other Business Entities. Enter the entity's Employer Identification Number (EIN). If the entity does not have an EIN, enter the SSN of the owner of the business. Resident alien. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the SSN box. <p>4. Default Reported, Fiscal Year, UBI Number, Business License, and DUNS Number.</p> <ul style="list-style-type: none"> List any contracts that you have had with the state that have been terminated for default. Provide your fiscal year end date. Provide your Washington State Uniform Business Identifier (UBI) Number. Attach a copy of your State Master Business License. You may be exempt from registering with the State of Washington under certain circumstances. For more information review: http://lbr.dor.wa.gov/licensure.aspx Provide your Dun and Bradstreet (DUNS) Number. <p>Section Two: Contractor Primary Address Enter the primary address information of your business. If you are completing this form for a new DSHS contract, and you want to provide a contract-specific address in addition to your primary one, please do so in Section Five.</p> <p>Section Three: Contractor Ownership Check those that, in your opinion, apply to your organization. If you have a certification number, please provide that also. For the definition of microbusiness, minibusiness and small business, See RCW 39.26.010 (19), (20) and (21)</p>	 <p style="text-align: center;">Contractor Intake</p> <p>Section One: Contractor Name/Business Organization (DSHS staff enter on ACD Intake Detail screen)</p> <p>1. CONTRACTOR NAME DBA OR FACILITY NAME</p> <p>2. BUSINESS ORGANIZATION</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Individual or Sole Proprietor</td> <td><input type="checkbox"/> General Partnership</td> </tr> <tr> <td><input type="checkbox"/> Non-Profit Corporation (Attach a copy of 501(c) status)</td> <td><input type="checkbox"/> Limited Liability Partnership (LLP)</td> </tr> <tr> <td><input type="checkbox"/> For Profit Corporation</td> <td><input type="checkbox"/> Limited Liability Limited Partnership (LLLP)</td> </tr> <tr> <td><input type="checkbox"/> Faith Based Non-Profit Corporation</td> <td><input type="checkbox"/> Limited Liability Company, filing as a Corporation</td> </tr> <tr> <td><input type="checkbox"/> Faith Based Non-Profit Corporation</td> <td><input type="checkbox"/> Limited Liability Company, filing as a Partnership</td> </tr> <tr> <td><input type="checkbox"/> Faith Based Non-Profit Corporation</td> <td><input type="checkbox"/> Limited Liability Company, filing as a Sole Proprietor</td> </tr> <tr> <td><input type="checkbox"/> Governmental Entity</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other Person or Entity</td> <td></td> </tr> </table> <p>If your business is NOT a sole proprietorship, attach a list of the partners, members, directors, officers, and board members.</p> <p>3. TAXPAYER IDENTIFICATION NUMBER (TIN)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Enter your TIN in the appropriate box.</td> <td style="width: 20%;">Social Security Number</td> <td style="width: 20%;"><input type="text"/></td> </tr> <tr> <td> <ul style="list-style-type: none"> For individuals, this may be your Social Security Number (SSN). For other entities, it is your Employer Identification Number. </td> <td style="text-align: center;">OR</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td></td> <td style="text-align: center;">Employer Identification Number</td> <td style="text-align: center;"><input type="text"/></td> </tr> </table> <p>4. DEFAULT REPORTED, FISCAL YEAR, UBI NUMBER, BUSINESS LICENSE, AND DUNS NUMBER</p> <p>Have you had any contract with the state terminated for default? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a list of terminated contracts with an explanation why each contract was terminated.</p> <p>Is your fiscal year end the same as the calendar year (January 1 through December 31)? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is no, what is your fiscal year end date? <input type="text"/></p> <p>What is your Washington State Uniform Business Identifier (UBI) Number? <input type="text"/> (Enter all 9 numbers, NO DASHES)</p> <p>Attach a copy of your current Washington State Master Business License</p> <p>If you do not have a Washington State Master Business License, explain below why you are exempt from registering your business with the State of Washington. (See page 1 for information on exemptions.)</p> <p>What is your Dun and Bradstreet (DUNS) number? <input type="text"/> (Enter all nine numbers, NO DASHES)</p> <p>Section Two: Contractor Primary Address (DSHS staff enter on ACD Intake Detail screen)</p> <p>CONTRACTOR PRIMARY ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)</p> <p>CITY, STATE, AND ZIP CODE</p>	<input type="checkbox"/> Individual or Sole Proprietor	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Non-Profit Corporation (Attach a copy of 501(c) status)	<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> For Profit Corporation	<input type="checkbox"/> Limited Liability Limited Partnership (LLLP)	<input type="checkbox"/> Faith Based Non-Profit Corporation	<input type="checkbox"/> Limited Liability Company, filing as a Corporation	<input type="checkbox"/> Faith Based Non-Profit Corporation	<input type="checkbox"/> Limited Liability Company, filing as a Partnership	<input type="checkbox"/> Faith Based Non-Profit Corporation	<input type="checkbox"/> Limited Liability Company, filing as a Sole Proprietor	<input type="checkbox"/> Governmental Entity		<input type="checkbox"/> Other Person or Entity		Enter your TIN in the appropriate box.	Social Security Number	<input type="text"/>	<ul style="list-style-type: none"> For individuals, this may be your Social Security Number (SSN). For other entities, it is your Employer Identification Number. 	OR	<input type="text"/>		Employer Identification Number	<input type="text"/>
<input type="checkbox"/> Individual or Sole Proprietor	<input type="checkbox"/> General Partnership																									
<input type="checkbox"/> Non-Profit Corporation (Attach a copy of 501(c) status)	<input type="checkbox"/> Limited Liability Partnership (LLP)																									
<input type="checkbox"/> For Profit Corporation	<input type="checkbox"/> Limited Liability Limited Partnership (LLLP)																									
<input type="checkbox"/> Faith Based Non-Profit Corporation	<input type="checkbox"/> Limited Liability Company, filing as a Corporation																									
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<input type="checkbox"/> Faith Based Non-Profit Corporation	<input type="checkbox"/> Limited Liability Company, filing as a Sole Proprietor																									
<input type="checkbox"/> Governmental Entity																										
<input type="checkbox"/> Other Person or Entity																										
Enter your TIN in the appropriate box.	Social Security Number	<input type="text"/>																								
<ul style="list-style-type: none"> For individuals, this may be your Social Security Number (SSN). For other entities, it is your Employer Identification Number. 	OR	<input type="text"/>																								
	Employer Identification Number	<input type="text"/>																								

Request for Applications
Community-based Prevention Services For Youth Marijuana Misuse and Abuse Prevention
 Washington State Department of Social and Health Services
 Division of Behavioral Health and Recovery (DSHS/DBHR) - Dedicated Marijuana Account Funding

Appendix D: Action Plan

(Forms can be downloaded at <http://www.theathenaforum.org/grants>)

Dedicated Marijuana Account (DMA)
Community-based Prevention Services Action Plan Template*
 August 15, 2017 – June 30, 2019

This template is for use with the August 15, 2017 – June 30, 2019 DSHS/DBHR Community-based Prevention Services for Youth Marijuana Misuse and Abuse Prevention. Please complete an Action Plan for Direct Service Programs and Environmental Strategies by fiscal year, August 15, 2017- June 30, 2018 and July 1, 2018-June 30, 2019.

Organization Name: Date Submitted:

For assistance using this template please contact the DBHR Prevention Training Team at Prevention@dshs.wa.gov. This form is locked for filling in form functions, but is not password protected. If you need to add rows, please turn off the editing protection and make your edits.

Action Plan for First Year:

For Direct Service Programs from August 15, 2017 through June 30, 2018:

Project Goal: _____

Program/ Strategy	Risk/Protective factor to be addressed	Community Name	When you begin services by 9/1/2017	How Often	When	Who & How Many	Lead	Responsible Party (ies)
Name of program/ strategy	Name and domain of selected risk or protective factor	Name of community(ies) this program will serve	Yes or No?	How many groups will be offered?	List all of the implementation months of the program	Who is this service for? How many people reached?	Organization delivering program?	Who is making sure this gets done?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Community-based Prevention Services Action Plan August 15, 2017 – June 30, 2019 DSHS/DBHR (RFA # 18/19-004)

**This template is provided for planning purposes only. Completion or use of this template is not a binding agreement and in no way secures funding and is not a contract.*

Request for Applications
Community-based Prevention Services For Youth Marijuana Misuse and Abuse Prevention
 Washington State Department of Social and Health Services
 Division of Behavioral Health and Recovery (DSHS/DBHR) - Dedicated Marijuana Account Funding

Appendix E: Budget

(Forms can be downloaded at <http://www.theathenaforum.org/grants>)

Instructions: This template* is for use with the DSHS/DBHR 2017 Community-based Prevention Services Dedicated Marijuana Account (DMA) Request for Applications. *This template is provided for planning purposes only. Completion or use of this template is not a binding agreement and in no way secures funding and is not a contract.

For your convenience, we have included formulas that calculate down the column and subtotals. You may insert rows if needed, however, be sure to adjust and check the formulas to make sure that the totals include all the numbers that you want. You can review the formula by clicking on the cell. Double click the cell to highlight the cells that you want to add. Complete each program by fiscal year. If you are only implementing a program for one year, leave the other fiscal year blank.

Organization Name:		
Date Submitted		
Line Items	Dedicated Marijuana Account (DMA) - Year 1	Dedicated Marijuana Account (DMA) - Year 2
	Budget for August 15, 2017 - June 30, 2018	Budget for May 1, 2017 - June 30, 2019
Administration		
	Year 1	Year 2
Admin of DMA Budget (may be divided between contractor and subcontractors but may not exceed 8% of total budget).	\$ -	\$ -
Subtotal	\$ -	\$ -
Travel/Training/ Capacity Building for Program/Strategy		
Program Name:	Year 1	Year 2
This is an EBP/RBP or Promising Program: (select from drop-down)		
Mileage	\$ -	\$ -
Air	\$ -	\$ -
Hotel	\$ -	\$ -
Lodging	\$ -	\$ -
Per diem	\$ -	\$ -
Transportation	\$ -	\$ -
Registration fees	\$ -	\$ -
Subtotal	\$ -	\$ -
Travel/Training/ Capacity Building for Program/Strategy		
Program Name:	Year 1	Year 2

Request for Applications
Community-based Prevention Services For Youth Marijuana Misuse and Abuse Prevention
 Washington State Department of Social and Health Services
 Division of Behavioral Health and Recovery (DSHS/DBHR) - Dedicated Marijuana Account Funding

Appendix F: List of Current CPWI Communities

(Forms can be downloaded at <http://www.theathenaforum.org/grants>)

Contact information for each community coalition is available online at www.theathenaforum.org/cpwi_coalitions

The list below use school district and high school attendance areas are used a proxy for community.

County	CPWI Community
Adams	Othello
Asotin	Clarkston
Benton	Prosser
Chelan	Wenatchee
Clallam	Forks Joyce*
Clark	Discovery Washougal
Columbia	Dayton
Cowlitz	Castle Rock
Douglas	Waterville
Ferry	Republic
Franklin	Pasco S.D.
Garfield	Pomeroy
Grant	Mattawa* Moses Lake
Grays Harbor	Hoquiam
Island	Oak Harbor
Jefferson	Chimacum
King	Auburn* Chief Sealth* Central Seattle South East Seattle Vashon Island White Center/ Highline
Kitsap	Bremerton North Kitsap
Kittitas	Cle Elum/Roslyn
Klickitat	Klickitat/Lyle

County	CPWI Community
Lewis	Morton
Lincoln	Reardan
Mason	Shelton
Okanogan	Omak
Pacific	Long Beach
Pend Oreille	Cusick
Pierce	Bethel* Clover Park Central Tacoma* Tacoma/Franklin Pierce
San Juan	San Juan
Skagit	Concrete
Skamania	Stevenson
Snohomish	Darrington Marysville Monroe
Spokane	West Central East Valley
Stevens	Springdale
Thurston	Rainer Tenino
Wahkiakum	Wahkiakum
Walla Walla	Walla Walla
Whatcom	Bellingham Ferndale
Whitman	Tekoa
Yakima	Sunnyside White Swan Wapato* Yakima SD*

Communities with an (*) are new CPWI communities. Please email Prevention@dshs.wa.gov for a contact person in these communities, if needed.