

**Request for Applications for Prevention Services – Full Packet**  
 Washington State Department of Social and Health Services  
 Division of Behavioral Health and Recovery (DSHS/DBHR)

<b>Request for Applications:</b>	<b>Washington Opioid State Targeted Response (STR) Community Prevention and Wellness Initiative (CPWI) Prevention Services Grant</b> to prevent and reduce youth substance use.
<b>Estimated Contract Period:</b>	August 10, 2017 through April 30, 2018. Amendments extending the period of performance, if any, shall be contingent on funding and at the discretion of DSHS.
<b>Application Due Date:</b>	All proposals must be submitted to <a href="mailto:Prevention@dshs.wa.gov">Prevention@dshs.wa.gov</a> on <b>July 14, 2017 by 5:00 P.M.</b> Pacific Standard Time.
<b>Submit Application To:</b>	Submit complete application packages to <a href="mailto:Prevention@dshs.wa.gov">Prevention@dshs.wa.gov</a> with the Subject line: STR CPWI Grant Application – [Community Name]
<b>Informational Opportunities:</b>	<b>Regional Bidder Forum Meetings May 10-16 and 23-25 TBD</b>
<b>Questions:</b>	Questions may be submitted to <a href="mailto:Prevention@dshs.wa.gov">Prevention@dshs.wa.gov</a> – Each Friday an updated list of Questions and Answers will be posted here: <a href="http://www.TheAthenaForum.org/STRGrant-CPWI">www.TheAthenaForum.org/STRGrant-CPWI</a>
<b>Application:</b>	Request for Applications and related forms and information can be found at <a href="http://www.TheAthenaForum.org/STRGrant-CPWI">www.TheAthenaForum.org/STRGrant-CPWI</a>

**Table of Contents**

Part A: General Application Instructions ..... 2

    1. Eligible applicants ..... 2

    2. Definitions..... 2

    3. Purpose ..... 3

    4. Eligible High-need Communities..... 4

    5. Scope of Work..... 5

    6. Submission of Application ..... 6

    7. Scoring Criteria..... 6

Part B: Project Narrative ..... 8

Appendix A: Application Face Page ..... 10

Appendix B: New Contractor Intake ..... 12

Appendix C: Sector Support Statement (to develop a new coalition) ..... 13

Appendix D: Community Coalition Support Agreement (for existing coalitions) ..... 14

    1. Letter from the Chair ..... 14

    2. Sector Support Statement ..... 16

Appendix E: School District Letter of Support ..... 17

Appendix F: School District Readiness to Benefit Information..... 18

## Part A: General Application Instructions

This packet contains information about the opportunity and process by which qualified applicants may apply for a grant to implement the Community Prevention and Wellness Initiative (CPWI) in a community for the provision of substance use disorder prevention services focused on prevention of opioid drug misuse and abuse prevention through a federally funded grant. The Request for Applications packet contains CPWI implementation details, requirements and reporting deadlines for funding available to communities identified on the eligible communities list. **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 6-7.

### 1. Eligible applicants

Eligible applicants are local community-based organizations, government and public agencies (for example, school districts, law enforcement, counties, ESD's, and Tribes), must have youth and family-serving capacity, and demonstrate excellence in service delivery to high-need communities with disproportionately high rates of youth misuse and abuse of opioid drugs. See list of eligible communities on page 4.

### 2. Definitions

- a. **“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.
- b. **“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.
- c. **“Community”** means a geographic area within school district boundaries, or High School Attendance Areas (HSAA) and their feeder schools.
- d. **“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.
- e. **“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](http://www.TheAthenaForum.org/CPWI).
- f. **“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)
- g. **“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)

**Request for Applications for Prevention Services – Full Packet**  
Washington State Department of Social and Health Services  
Division of Behavioral Health and Recovery (DSHS/DBHR)

---

- h. **“Project Narrative”** means the written answers to the questions on Form B: Project Narrative of this RFA.
- i. **“State Targeted Response to the Opioid Crisis”, “Opioid STR” or “STR”** means the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) Grants Funding Opportunity supporting implementation of this state grant project. More information can be found at <https://www.samhsa.gov/grants/grant-announcements/ti-17-014>.
- j. **“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.

### 3. Purpose

With the Washington Opioid State Targeted Response (STR) Community Prevention and Wellness Initiative (CPWI) Prevention Services Project, the Department of Social and Health Services’ Division of Behavioral Health and Recovery (DSHS/DBHR) aims to increase capacity to implement direct and environmental substance use prevention services in communities qualified to immediately implement identified evidence-based practices and programs to prevent and reduce the misuse and abuse of opioid drugs. DSHS/DBHR intends to award five (5) contracts to local community-based organizations, government and public agencies (for example, school districts, law enforcement, counties, ESDs, and Tribes) to serve high-need communities in Washington State. The twenty (20) eligible communities who are at high-risk for youth substance use disorder and whose rates of youth opioid misuse and abuse are elevated are listed on page 4. These grants will provide funding to support quality and culturally competent replications of evidence-based and innovative substance use prevention strategies and programs to prevent and reduce opioid drug misuse and abuse while developing the operational community coalition infrastructure of the Community Prevention and Wellness Initiative (CPWI). Organizations are required to partner with local coalitions who have the capacity to implement the CPWI or to identify partners who are willing and available to form a coalition that meets CPWI guidelines.

CPWI is a partnership of the Office of Superintendent of Public Instruction (OSPI), counties, Educational Service Districts (ESDs), schools and prevention coalitions supporting communities in preventing alcohol and other drug misuse/abuse. Communities are chosen based on their needs and their readiness to address these issues. To date CPWI has funded prevention coalitions in 59 communities, located in all 39 counties and nine ESDs. CPWI provides community coalitions with funding and training and technical assistance for coordination, assessment, strategic planning, implementation, and evaluation of prevention services needed in their communities. CPWI also provides funding to ESDs to support Prevention/Intervention (P/I) services in the school. This support helps communities build on their past successes and better measure how well prevention programs are meeting goals. As more resources become available, prevention services are expanded to other communities. The following link will provide access to the CPWI Community Coalition Guide that will help provide direction for implementation of this project. The implementation timeline described in the Guide will be negotiated with new grantees once contracts are in place.

[www.TheAthenaForum.org/CPWIGuide](http://www.TheAthenaForum.org/CPWIGuide)

DSHS/DBHR intends to grant up to \$90,000 per proposal to serve a single community in the first year of the project which will be used to implement CPWI, specific strategies and activities designated by DSHS/DBHR and develop a Strategic Plan and Action Plan. Once Strategic Plans are approved the community may begin implementation of programs and strategies on the Action Plan. Successful applicants who demonstrate ability to complete required strategies and activities in the first year of grant funding will be eligible to receive up to an additional \$110,000 in the second year of the grant period, contingent of award of federal funding. These funds will be used to complete additional tasks related to development of a CPWI coalition and to provide

**Request for Applications for Prevention Services – Full Packet**  
 Washington State Department of Social and Health Services  
 Division of Behavioral Health and Recovery (DSHS/DBHR)

---

further programs and strategies identified in their approved Strategic Plan to prevent and reduce the misuse and abuse of opioid drugs.

Funds for the full time Prevention/intervention school-based position and related services are contracted separately to the appropriate ESDs through the OSPI and is in addition to the community CPWI implementation funding amounts above. The P/I is hired, managed and supervised by the ESD. Up to three communities will be selected to be “early implementers” of Prevention & Intervention services in Year 1.

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

#### 4. Eligible High-need Communities

Qualified applicants within the following twenty (20) communities are eligible to apply. If multiple organizations within an eligible community are interested in applying for funding they are encouraged to combine efforts and use their collaboration as an opportunity to submit the strongest application possible.

**Qualified grant applicants within the following twenty (20) communities are eligible to apply for this grant funding:**

County	Community	School District/HSAA** Name
Clallam	Cape Flattery Area	Cape Flattery
Clark	Vancouver	Fort Vancouver HS**
Douglas	East Wenatchee	Eastmont
Grant	Grand Coulee Dam Area	Grand Coulee Dam
Grant	Quincy	Quincy
Grant	Warden	Warden
Grays Harbor	Aberdeen	Aberdeen
Lewis	Randle	White Pass
Okanogan	Oroville	Oroville
Pacific	South Bend	South Bend
Pierce	Tacoma	Lincoln High School**
Pierce	Tacoma	Mount Tahoma HS**
Pierce	Tacoma	Wilson HS**
Skagit	Mt. Vernon	Mt. Vernon
Spokane	Spokane	Rogers HS**
Stevens	Wellpinit	Wellpinit
Walla Walla	Burbank	Columbia School District
Whatcom	Deming	Mount Baker
Yakima	Grandview	Grandview
Yakima	Granger	Granger

\*\*High School Attendance Area (HSA), includes feeder schools

**Request for Applications for Prevention Services – Full Packet**  
Washington State Department of Social and Health Services  
Division of Behavioral Health and Recovery (DSHS/DBHR)

---

## 5. Scope of Work

The work of successful applicants shall include but not be limited to the following:

1. Required Community Coalition Strategies and Activities:
  - a. Hire or identify a minimum of one part-time (.5 FTE) staff member to serve as qualified coordinator upon contract execution. Post position no later than September 1, 2017. Full-time employment (1.0 FTE) for the community coordinator is strongly recommended in order to meet the scope of the project.
  - b. Secure office space in community for Community Coalition Coordinator.
  - c. Participate in contract and program orientation provided by DSHS/DBHR within first 30 days of being awarded funding.
  - d. Establish minimum of monthly coalition meetings.
  - e. Hold first community coalition meeting by September 30, 2017.
  - f. Follow CPWI guidelines to either expand current coalition infrastructure and strategic plan or develop a coalition.
  - g. Conduct a needs and resources assessment.
  - h. Develop community-based, data driven Strategic Plan and Action Plan to prevent and reduce youth substance use with a focus on prevention of youth opioid misuse and abuse.
2. Commitment from school district to support P/I services:
  - a. Supporting a full-time Prevention/Intervention (P/I) Specialist position in the high school or middle school, employed by the Educational Service District (ESD).
  - b. For sites selected to begin P/I services in the fall of 2017-18, a 20% in-kind match is required. This could include office space, locking file cabinet, front office support, and copies. All sites must commit to a 20% cash match for the 2018-19 school year, required to be secured by January 3, 2018.
  - c. A confidential setting for individual and group meetings.
  - d. Access to classroom time for prevention education and support students to attend group sessions.
  - e. P/I services as an alternative to suspension, where possible.
  - f. Participation in the Healthy Youth Survey administration for all schools in school district.
3. Provide the following three community activities by December 30, 2017:
  - a. Host at least one local Town Hall meeting to educate community members about local youth substance use issues identified in needs assessment and engage expanded participation in coalition activities.
  - b. Provide Key Leader Orientation with community leaders to gain feedback and support.
  - c. Provide at least one Medicine Take-Back event with local law enforcement.
4. Implementation of the CPWI and all components included in Project Narrative section of application.
  - a. Funds shall be used to support program costs including staff for coalition coordination, program planning, training, implementation, reporting and evaluation.
5. Programs, strategies and activities selected by the community coalition will be implemented for target audience in which they are designed in an ongoing cycle as identified in Strategic Plan and Action Plan.
  - a. Implementation of approved Action Plan beginning February 1, 2018.
  - b. Year 2 Action Planning shall take place during the Year 1 strategic planning process and implementation will be contingent upon federal funding.
  - c. Enter coalition and prevention service data into the online reporting system designated by DSHS/DBHR (Minerva) in monthly schedule by the 15<sup>th</sup> of the month following the month of service.

**Request for Applications for Prevention Services – Full Packet**  
Washington State Department of Social and Health Services  
Division of Behavioral Health and Recovery (DSHS/DBHR)

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- d. Participate in monthly prevention learning community meetings.
- e. Participate in monthly check-in phone calls with contract manager or designee.

## 6. 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 20 pages total. Application should be completed using no smaller than 12 point Calibri or Times New Roman font. Be sure to include page numbers and the name of the applicant community on each page.

**Application Due Date:** All proposals must be submitted on **July 14, 2017 by 5:00 P.M.** Pacific Standard Time.

**Submit Application To:** Submit complete application packages to [Prevention@dshs.wa.gov](mailto:Prevention@dshs.wa.gov) with the Subject line: STR CPWI Grant Application – [Community Name]

**Request for Applications instructions and all related appendices can be downloaded at [www.TheAthenaForum.org/STRGrant-CPWI](http://www.TheAthenaForum.org/STRGrant-CPWI)**

Application Proposal shall include the following, please title each document as indicated below:

- 1 - Application Face Page
- 2 - Project Narrative
- 3 - New Contractor Intake Form (and completion of online registration as DSHS vendor). Submit a completed and signed Contractor Intake Form.
- 4 - Coalition commitment (Submit one of the following required signed letter(s) and statements of support):
  - Sector Support Statement and signatures (for development of new coalitions) **OR**
  - Community Coalition Support Agreement and signatures (for existing coalitions)
- 5 - School District Letter of Support
- 6 - School District Readiness to Benefit Information

If you need technical assistance using or accessing these documents, please email [Prevention@dshs.wa.gov](mailto:Prevention@dshs.wa.gov).

## 7. 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.

The Project Narrative must be complete and detailed for total possible points. Project Narrative is 80% of the overall score. 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.

**Request for Applications for Prevention Services – Full Packet**  
Washington State Department of Social and Health Services  
Division of Behavioral Health and Recovery (DSHS/DBHR)

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Applicants will also be scored on Coalition Commitment (10% of overall score) and School District Readiness to Benefit & ESD Support (10% of overall score).

**Point criteria:**

**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.

Final determination of selected grantees is dependent on application scores, state distribution of geographic location and community population size, and risk ranking.

## Part B: Project Narrative

Provide complete information to the following questions to describe your organization's readiness and capacity to implement the project. 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 20 pages total. Please number your responses and provide a short title using the underlined words for each response to correspond with the question numbering below.**

Your Project Narrative should answer the following:

**1. Overview** (10% of overall score)

- a. Provide a brief overview of how you propose to implement CPWI in your community (maximum of 500 words).
- b. Briefly describe the demographics of the community you intend to serve.
- c. Briefly describe the substance abuse and misuse issues as you currently understand them in the community you intend to serve.

**2. Timeline** (15% of overall score)

- a. Provide a two (2) year project timeline that includes the related tasks to ensure all strategies and activities will be completed within required timeframes. Please include the following:
  - i. The steps you will take to begin to implement the required strategies and activities within the first month of an executed contract.
  - ii. Name the individual or group of individuals who will be responsible for timely follow through on required CPWI activities described in the RFA and the CPWI Community Coalition Guide.
- b. Describe the experience and/or qualifications that demonstrate their capacity to fulfill the scope of the assigned tasks within the timeline.

**3. Plan for Advancing Health Equity** (15% of overall score)

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

**4. Capacity** (25% of overall score)

Describe how your organization (either as an organization intending to work with a new coalition or as an organization collaborating with an existing coalition) is capable of supporting a coalition to successfully implement the required strategies and activities outlined in the scope of work and how each of the deadlines and expectations will be successfully reached, where applicable.

Specifically address the following:

- a. Grants management experience:
  - i. effective administration (i.e., budgeting and accounting)
  - ii. monitoring of deliverables and accountability to fulfill contract objectives and requirements
  - iii. how key staff have demonstrated experience and qualifications to develop operations for the project
- b. Community Engagement:

**Request for Applications for Prevention Services – Full Packet**

Washington State Department of Social and Health Services

Division of Behavioral Health and Recovery (DSHS/DBHR)

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- i. successful outreach to the community including parents and youth
- ii. collaboration with community partners and representatives from the identified CPWI sectors
- iii. experience in community level strategic planning

**5. Collaboration with Schools** (10% of overall score)

- a. Describe the applicant organization's collaborative relationship with the School District and identified school and how the partnership will be developed and/or strengthened.
- b. Discuss readiness to implement school prevention/intervention services as part of project and what steps you will take to increase readiness if necessary.
- c. Discuss how or by whom the 20% match (approximately \$15,000) for the P/I services will be secured if the grant is awarded. (In-kind or cash for year 1 of project and cash match for Year 2 is required. Cash match commitment for 2018-19 school year shall be secured by January 3, 2018.)

**6. TA/Training** (5% of overall score)

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

## Appendix A: Application Face Page

This document can be downloaded at [www.TheAthenaForum.org/STRGrant-CPWI](http://www.TheAthenaForum.org/STRGrant-CPWI)

**Please complete this form and submit it as the first page of your application.**

**1. Applicant Information**

<b>Community name (service area(s) where proposed services will be provided):</b>
<b>Applicant Organization contact person</b> Name:            Title: Email: Phone number:
<b>Applicant Organization name:</b> Mailing address:
<b>Applicant Organization's DUNS number:</b> Zip code:        +4        (assigned by the US Postal Service)
<b>Applicant type:</b> <input type="checkbox"/> Public agency <input type="checkbox"/> Non-profit Community-based organization <input type="checkbox"/> Government agency

**2. County:**

**3. School district within service area(s):**

**4. Define the geographic community boundaries that the coalition will serve within the identified school district.**

**5. Proposed school to be served by Prevention/Intervention specialist:**

**6. Is the school district able and willing to implement P/I services in year 1, beginning September 2017?**

Yes     No

**7. Will you be collaborating with an existing community coalition to implement CPWI?**

Yes         No (*Skip to #8*)

**If Yes:**

a) **How is this coalition funded? (e. g., Drug Free Communities)**

b) **Please identify the community coalition contact person and email address.**

**Request for Applications for Prevention Services – Full Packet**

Washington State Department of Social and Health Services

Division of Behavioral Health and Recovery (DSHS/DBHR)

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8. Please identify from the following list the community sectors which are currently represented on the collaborating community coalition **or** have agreed to support the development of a new community coalition to serve the community identified in this application. **Please mark a minimum of eight (8) sector representatives to meet requirement.**

- Business
- Civic or Volunteer Group
- Healthcare Organization
- Law Enforcement
- Media
- Mental Health Professional
- Other Organization Involved in Reducing Substance Abuse
- Parent
- Religious or Fraternal Organization
- State, Local, or Tribal Organization
- Substance Use Disorder Professional
- Youth (18 years of age or younger)
- Youth-Serving Organization
- School

9.  On behalf of the applicant agency, I have reviewed the Community Prevention and Wellness Initiative (CPWI) Community Coalition Guide. I both understand and am committed to providing the described services should we be a successful applicant. Name of individual: [www.TheAthenaForum.org/CPWGuide](http://www.TheAthenaForum.org/CPWGuide)

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**Is your application complete?** Please check box indicating that your application includes the following:

- Application Face Page
- Complete Project Narrative
- Contractor Intake Form
- Commitment of Support
  - Community Coalition Support Agreement with minimum of eight (8) sectors identified by signature for existing coalition to implement CPWI **OR**
  - Sector Support Statement(s) with minimum of eight (8) sectors representatives identified by signature committed to develop new coalition
- School District Letter of Support
- School District Readiness to Benefit Information
- The individual with Contractor signature authority, as indicated on the Contractor Intake Form, is has reviewed this application and has authorized submission of this application. Please copy this individual in the email when submitting the application materials.

**Signature:** \_\_\_\_\_

I, \_\_\_\_\_, certify that, on behalf of the applicant agency, I am authorized to submit this application to provide the described services.

**Request for Applications for Prevention Services – Full Packet**  
 Washington State Department of Social and Health Services  
 Division of Behavioral Health and Recovery (DSHS/DBHR)

**Appendix B: New Contractor Intake**

Form can be downloaded at [www.TheAthenaForum.org/STRGrant-CPWI](http://www.TheAthenaForum.org/STRGrant-CPWI)

 <p align="center"><b>Contractor Intake Instructions</b></p> <p><b>All New DSHS Contractors must:</b></p> <ul style="list-style-type: none"> <li>Complete, sign and submit the <b>Intake Form</b> to the <b>Department of Social and Health Services (DSHS)</b>.</li> <li>Register in the <b>Statewide Payee Registration System</b>. This system is maintained by the Washington State Department of Enterprise Services (DES) to process payments for all Washington state agencies. To register, <b>follow the online instructions</b> at <a href="http://des.wa.gov/services/Contracting/Purchasing/Business/VendorPay/Pages/default.aspx">http://des.wa.gov/services/Contracting/Purchasing/Business/VendorPay/Pages/default.aspx</a>. You must complete this step in order to be paid.</li> </ul> <p>Please <b>do not</b> return this DSHS Contractor Intake Form to DES; they will <b>not</b> process it.</p> <p><b>All Existing DSHS Contractors</b> who have changed their business name or business organization, or experienced other significant changes, <b>must</b>:</p> <ul style="list-style-type: none"> <li>Update their information in the <b>Statewide Payee Registration System</b> by following the instructions at <a href="http://des.wa.gov/services/Contracting/Purchasing/Business/VendorPay/Pages/default.aspx">http://des.wa.gov/services/Contracting/Purchasing/Business/VendorPay/Pages/default.aspx</a>.</li> <li>Complete, sign and submit a new <b>Contractor Intake</b> form to the <b>Department of Social and Health Services (DSHS)</b>.</li> </ul> <p><b>Section One: Contractor Name/Business Organization</b></p> <ol style="list-style-type: none"> <li><b>Contractor name.</b> <ul style="list-style-type: none"> <li>For an <b>Individual or Sole Proprietor</b>, enter your name as shown on your Social Security card on the "Name" line. Proprietors provide Last Name, First Name, Middle Name, and Suffix.</li> <li><b>Other entities:</b> Enter your business name as shown on the legal document creating the entity.</li> </ul> </li> <li><b>Business Organization. Please mark only one.</b> <ul style="list-style-type: none"> <li>If you are a <b>nonresident alien foreign person</b> or a <b>business entity established in another country</b>, the IRS may require you to complete Form W-8.</li> <li>If you are a <b>Non-profit Corporation</b> or a <b>Faith-Based Non-Profit Corporation</b> attach a copy of your <b>501(c) status</b>.</li> </ul> </li> <li><b>Taxpayer Identification Number (TIN).</b> <ul style="list-style-type: none"> <li><b>Individual or Sole Proprietor</b> - 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).</li> <li><b>Other Business Entities</b> - 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.</li> <li><b>Resident alien</b> - 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.</li> </ul> </li> <li><b>Default Reported, Fiscal Year, UBI Number, Business License, and DUNS Number.</b> <ul style="list-style-type: none"> <li>List any contracts that you have had with the state that have been terminated for default.</li> <li>Provide your fiscal year end date.</li> <li>Provide your Washington State Uniform Business Identifier (UBI) Number.</li> <li><b>Attach a copy of your State Master Business License.</b> You may be exempt from registering with the State of Washington under certain circumstances. For more information review: <a href="http://bls.dor.wa.gov/fadlicense.aspx">http://bls.dor.wa.gov/fadlicense.aspx</a></li> <li>Provide your Dun and Bradstreet (DUNS) Number.</li> </ul> </li> </ol> <p><b>Section Two: Contractor Primary Address</b> 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><b>Section Three: Contractor Ownership</b> 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 align="center"><b>Contractor Intake</b></p> <p><b>Section One: Contractor Name/Business Organization (DSHS staff enter on ACD Intake Detail screen)</b></p> <p>1. CONTRACTOR NAME DBA OR FACILITY NAME</p> <p>2. BUSINESS ORGANIZATION</p> <table border="0"> <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"/> Profit Corporation</td> <td><input type="checkbox"/> Limited Liability Limited Partnership (LLLLP)</td> </tr> <tr> <td><input type="checkbox"/> Faith-Based (FBO) Non-Profit Corporation</td> <td><input type="checkbox"/> Limited Liability Company, filing as a Corporation</td> </tr> <tr> <td><input type="checkbox"/> Faith-Based (FBO) Unincorporated</td> <td><input type="checkbox"/> Limited Liability Company, filing as a Partnership</td> </tr> <tr> <td><input type="checkbox"/> Governmental Entity</td> <td><input type="checkbox"/> Limited Liability Company, filing as a Sole Proprietor</td> </tr> <tr> <td><input type="checkbox"/> Foreign Person or Entity</td> <td></td> </tr> </table> <p>If your business is <b>NOT</b> a sole proprietorship, <b>attach a list</b> of the partners, members, directors, officers, and board members.</p> <p>3. TAXPAYER IDENTIFICATION NUMBER (TIN)</p> <p>Enter your TIN in the appropriate box.</p> <table border="0"> <tr> <td> <ul style="list-style-type: none"> <li>For individuals, this may be your Social Security Number (SSN).</li> <li>For other entities, it is your Employer Identification Number.</li> </ul> </td> <td> <table border="1"> <tr> <td>Social Security Number</td> <td>_____</td> </tr> <tr> <td>(Enter all 9 numbers, NO DASHES)</td> <td></td> </tr> <tr> <td align="center">OR</td> <td></td> </tr> <tr> <td>Employer Identification Number</td> <td>_____</td> </tr> <tr> <td>(Enter all 9 numbers, NO DASHES)</td> <td></td> </tr> </table> </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, <b>attach a list</b> 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? _____</p> <p>What is your Washington State Uniform Business Identifier (UBI) Number? _____ (Enter all 9 numbers, NO DASHES)</p> <p><b>Attach</b> a copy of your current Washington State <b>Master Business License</b></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>_____</p> <p>What is your Dun and Bradstreet (DUNS) number? _____ (Enter all nine numbers, NO DASHES.)</p> <p><b>Section Two: Contractor Primary Address (DSHS staff enter on ACD Intake Detail screen)</b></p> <p>CONTRACTOR PRIMARY ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)</p> <p>_____</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"/> Profit Corporation	<input type="checkbox"/> Limited Liability Limited Partnership (LLLLP)	<input type="checkbox"/> Faith-Based (FBO) Non-Profit Corporation	<input type="checkbox"/> Limited Liability Company, filing as a Corporation	<input type="checkbox"/> Faith-Based (FBO) Unincorporated	<input type="checkbox"/> Limited Liability Company, filing as a Partnership	<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Limited Liability Company, filing as a Sole Proprietor	<input type="checkbox"/> Foreign Person or Entity		<ul style="list-style-type: none"> <li>For individuals, this may be your Social Security Number (SSN).</li> <li>For other entities, it is your Employer Identification Number.</li> </ul>	<table border="1"> <tr> <td>Social Security Number</td> <td>_____</td> </tr> <tr> <td>(Enter all 9 numbers, NO DASHES)</td> <td></td> </tr> <tr> <td align="center">OR</td> <td></td> </tr> <tr> <td>Employer Identification Number</td> <td>_____</td> </tr> <tr> <td>(Enter all 9 numbers, NO DASHES)</td> <td></td> </tr> </table>	Social Security Number	_____	(Enter all 9 numbers, NO DASHES)		OR		Employer Identification Number	_____	(Enter all 9 numbers, NO DASHES)	
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## **Appendix D: Community Coalition Support Agreement (for existing coalitions)**

This document can be downloaded at [www.TheAthenaForum.org/STRGrant-CPWI](http://www.TheAthenaForum.org/STRGrant-CPWI)

### **1. Letter from the Chair**

This Agreement between \_\_\_\_\_ Coalition and \_\_\_\_\_, proposed fiscal agent, shall be to signify that the coalition understands and agrees to implement and integrate the Community Prevention and Wellness Initiative (CPWI) into the existing Coalition's scope and efforts. The following expectations are understood and agreed to should the fiscal agent's application for CPWI funding be successful.

*For the complete CPWI Community Coalition Guide expectations please download the guide at this link:*  
[www.TheAthenaForum.org/CPWIGuide](http://www.TheAthenaForum.org/CPWIGuide)

#### **SERVICES AND RESPONSIBILITIES**

Should this application be successful, the \_\_\_\_\_ **Coalition** and its members commit to implement the Department of Social and Health Services' Division of Behavioral Health and Recovery (DSHS/DBHR) Community Prevention and Wellness Initiative (CPWI) which includes but is not limited to the following required strategies and activities:

- a. Participate in the hiring process or identify a minimum of one part-time (.5FTE) staff member to serve as qualified coordinator upon contract execution and no later than September 1, 2017. Full-time employment (1.0 FTE) for the community coordinator is strongly recommended in order to meet the scope of the project.
- b. Participate in contract and program orientation provided by DSHS/DBHR within first 30 days of being awarded funding.
- c. Establish minimum of monthly coalition meetings.
- d. Hold first community coalition meeting by September 30, 2017.
- e. Follow CPWI guidelines to either expand current coalition infrastructure.
- f. Conduct a needs and resources assessment.
- g. Develop community-based, data driven Strategic Plan and Action Plan to prevent and reduce youth substance use with a focus on prevention of youth opioid misuse and abuse.
- h. Partner with schools to implement Prevention/Intervention services and help secure match if needed.
- i. Provide the following three community activities by December 30, 2017:
  - a. Host at least one local Town Hall meeting to educate community members about local youth substance use issues identified in needs assessment and engage expanded participation in coalition activities.
  - b. Provide Key Leader Orientation with community leaders to gain feedback and support.
  - c. Provide at least one Medicine Take-Back event with local law enforcement.
- j. Submit Strategic plan by January 3, 2018 to DBHR.
- k. Implementation of approved Action Plan beginning February 1, 2018.
- l. Year 2 Action Planning shall take place during the Year 1 strategic planning process and implementation will be contingent upon federal funding.
- m. Enter coalition and prevention service data into the online reporting system designated by DSHS/DBHR (Minerva) in monthly schedule by the 15<sup>th</sup> of the month following the month of service.
- n. Participate in monthly prevention learning community meetings. Participate in monthly check-in phone calls with contract manager or designee.

**Request for Applications for Prevention Services – Full Packet**  
Washington State Department of Social and Health Services  
Division of Behavioral Health and Recovery (DSHS/DBHR)

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**SPECIFIC RESPONSIBILITIES OF THE COALITION**

Should this application be successful, the Coalition commits to:

- a. Set policies for staff and programs
- b. Formulate goals and objectives in compliance with its funding source;
- c. Oversee daily operation of its activities and programs
- d. Direct any coalition staff and volunteers working on its activities and programs;
- e. Jointly set goals and objectives for staff and volunteers, and negotiate and approve their activities.
- f. Create and implement its strategic plan within the requirements of its funding source; and
- g. Respect the rights of the fiscal agent name here to their own opinions and beliefs.

**SPECIFIC RESPONSIBILITIES OF COALITION MEMBERS**

Should this application be successful, the Coalition members commit to:

- a. Attend at least 9 meetings annually;
- b. Attend coalition sponsored trainings, forums, and community-wide events;
- c. Participate in assessing and analyzing root causes of substance abuse problems in the community;
- d. Participate in ongoing Logic Model development and strategic planning processes;
- e. Participate in ongoing refinement of the coalition vision, mission, goals, objectives and activities;
- f. Ensure clear communication between the sector member’s organization and other community members within the sector and the coalition;
- g. Participate in implementation of multiple strategies to achieve community change;
- h. Work towards creating meaningful population change;
- i. Participate in sustaining the coalition’s vitality, involvement, and energy in the community; and
- j. Support the overarching principle of cultural competence and ensure its incorporation into the coalition’s comprehensive approach.

**Coalition Chair (print name)** \_\_\_\_\_

**Coalition Chair (signature)** \_\_\_\_\_

**Date** \_\_\_\_\_



## Appendix E: School District Letter of Support

This document can be downloaded at [www.TheAthenaForum.org/STRGrant-CPWI](http://www.TheAthenaForum.org/STRGrant-CPWI)

**School District:**

**School District Representative:** (Name and Title)

**Name of assigned Educational Service District (ESD):**

I understand that the \_\_\_\_\_ community and \_\_\_\_\_ School District have been identified as a potential location for an increased focus of substance abuse prevention services. Signing this statement of support is a demonstration of \_\_\_\_\_ School District commitment to partner with this community should this community and school district be selected.

For that reason, we support the development of a community coalition, (or enhancement of an existing community coalition) with a substance abuse prevention focus to help reduce and prevent alcohol, marijuana, opioids and other drugs among youth as they grow up in a healthier environment. As a demonstration of our commitment, the School District shall:

Coordinate with Educational Service District to ensure participation in the Community Prevention and Wellness Initiative (CPWI) and implementation of the Student Assistance Prevention & Intervention services in the identified school building by September 1, 2018.

The \_\_\_\_\_ School District is ready to implement Prevention & Intervention services this fall beginning in September 2017. (We understand that special prioritization will be given to up to three CPWI sites with School Districts who commit to the September 2017 implementation of the Prevention & Intervention services.)

Support the placement of a Prevention/Intervention Specialist in the selected middle school or high school.

Participate in the Healthy Youth Survey implementation in October of even years.

Provide commitment by January 3, 2018 for a 20% cash match to support P/I services in the 2018-19 school year.

I understand that early P/I service implementers will have the option to provide in-kind or cash match for school year 2017-18.

Other comments:

Signature: \_\_\_\_\_

## **Appendix F: School District Readiness to Benefit & ESD Support**

This document can be downloaded at [www.TheAthenaForum.org/STRGrant-CPWI](http://www.TheAthenaForum.org/STRGrant-CPWI)

**ESD staff completing this form:** \_\_\_\_\_ (Name and Title)

**School District to be served:** \_\_\_\_\_

**Community to be served:** \_\_\_\_\_

1. Summarize the commitment of school administration and staff to participate in community coalition process.
  
2. Summarize the school district’s commitment to support the Prevention Intervention Specialist to implement Project SUCCESS, including but not limited to the following key components: participation in the core team, delivering prevention presentations in the classroom, providing educational support groups, building an internal referral process, and providing staff training.
  
3. Describe school district history of working with community partners relative to substance abuse prevention/intervention programming.
  
4. Describe history of participation in Healthy Youth Survey (HYS).
  
5. School district will agree to Prevention & Intervention services to be housed in the school building named below.  
                    Middle School or                      High School
  
6. Describe school district’s history of providing or ensuring the delivery of successful behavioral health services.
  
7. Please provide any other general comments about the readiness of the school district to implement Prevention & Intervention services and collaborate with the community coalition.
  
8. School District is confident that the commitment to the match will be made by January 3, 2018 for Year 2, if funded.  Yes  No

**Signature:** \_\_\_\_\_

I, \_\_\_\_\_, certify that should this application be successful, the ESD understands and agrees to provide and manage SAPISP services and support implementation as described within this application within the required timeframes.