

**Request for Applications**  
**Community-based Prevention Services for Opioid Misuse and Abuse Prevention**

Washington State Department of Social and Health Services

Division of Behavioral Health and Recovery (DSHS/DBHR) - State Targeted Response (STR) to the Opioid Crisis

<b>Request for Applications:</b>	<b>Community-based Prevention Services for Opioid Misuse and Abuse Prevention</b>
<b>Short Title:</b>	STR CBO Grant Application
<b>Request for Application (RFA) number:</b>	#18/19-008
<b>Estimated Contract Period:</b>	August 15, 2017 – April 30, 2019. Amendments extending the period of performance, if any, shall be at the sole discretion of DSHS.
<b>Application Due Date:</b>	All proposals must be received via email <b>July 21, 2017 by 5:00 P.M.</b> PDT.
<b>Submit Application To:</b>	Submit complete application packages to <a href="mailto:Prevention@dshs.wa.gov">Prevention@dshs.wa.gov</a> with the <b>Subject line:</b> 18/19-004 – [Community Name]
<b>Informational Opportunities:</b>	<b>July 6<sup>th</sup>, 2017</b> 1:00 PM - 3:00 PM PDT Click on the Link: <a href="https://global.gotomeeting.com/join/447943461">https://global.gotomeeting.com/join/447943461</a> You can also dial in using your phone. United States: +1 (646) 749-3122 Access Code: 447-943-461
<b>Questions:</b>	Questions may be submitted to <a href="mailto:Prevention@dshs.wa.gov">Prevention@dshs.wa.gov</a> with subject line <b>Subject line:</b> 18/19-004 – [Community Name]. Each Friday an updated list of Questions and Answers will be posted here: <a href="http://www.theathenaforum.org/grants">http://www.theathenaforum.org/grants</a>
<b>Application:</b>	Request for Applications and related forms and information can be found at <a href="http://www.theathenaforum.org/grants">http://www.theathenaforum.org/grants</a>

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## 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 opioid drug misuse and abuse through a federally funded grant. 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 8-10.

### 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 4-5), 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](http://www.TheAthenaForum.org/CPWI).

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- h. **“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.
- i. **“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.
- j. **“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)
- k. **“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)
- l. **“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.
- m. **“Project Narrative”** means the written answers to the questions on Form B: Project Narrative
- n. **“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>.
- o. **“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.
- p. **“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.
- q. **“Work Plan”** means the requirements of this application that a contractor demonstrates an ability to meet in order to be eligible for funding.

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**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 communities in Washington State to provide quality and culturally competent replications of evidence-based and research-based substance use prevention programs that focus on reducing the misuse and abuse of opioids. DBHR aims to increase capacity to implement direct and environmental substance use prevention services in communities qualified to immediately implement identified effective practices and programs to prevent and reduce the misuse and abuse of opioid drugs. DSHS/DBHR intends to award ten (10) to fifteen (15) contracts to local CBOs, governments, and public agencies to serve high-need communities in Washington State.

The forty-one (41) priority high-needs 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 4-5. 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.

DBHR intends to 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 contingent on federal 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. 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. 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 August 15, 2017 through April 30, 2019. Funding will be distributed on an annual schedule following the federal STR grant fiscal year from May 1, 2017 through April 30, 2019. 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 April 1, 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 federal funding.

**4. Priority High-need Communities**

The following forty-one (41) communities are eligible for priority bonus points. 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.

County	Community	School District/High School Attendance Area
Benton	Kennewick	Finley
Chelan	Lake Chelan North Shore	Manson
Clallam	Cape Flattery Area	Cape Flattery
Clark	Vancouver	Fort Vancouver HS**
Douglas	East Wenatchee	Eastmont
Ferry	Curlew	Curlew

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<b>County</b>	<b>Community</b>	<b>School District/High School Attendance Area</b>
<b>Grant</b>	Grand Coulee Dam Area	Grand Coulee Dam
<b>Grant</b>	Quincy	Quincy
<b>Grant</b>	Warden	Warden
<b>Grays Harbor</b>	Aberdeen	Aberdeen
<b>Grays Harbor</b>	Ocosta Area	Ocosta
<b>Island</b>	South Whidbey Island	South Whidbey
<b>Kittitas</b>	Ellensburg	Ellensburg
<b>Klickitat</b>	Goldendale	Goldendale
<b>Lewis</b>	Randle	White Pass
<b>Mason</b>	North Mason Area	North Mason
<b>Okanogan</b>	Methow Valley	Methow Valley
<b>Okanogan</b>	Oroville	Oroville
<b>Pacific</b>	South Bend	South Bend
<b>Pierce</b>	Tacoma	Lincoln High School**
<b>Pierce</b>	Tacoma	Mount Tahoma HS**
<b>Pierce</b>	Tacoma	Wilson HS**
<b>Skagit</b>	La Conner	La Conner
<b>Skagit</b>	Mt. Vernon	Mt. Vernon
<b>Skagit</b>	Sedro-Woolley	Sedro-Woolley
<b>Snohomish</b>	Sultan Area	Sultan
<b>Spokane</b>	Riverside	Riverside
<b>Spokane</b>	Spokane	Rogers HS**
<b>Stevens</b>	Kettle Falls	Kettle Falls
<b>Stevens</b>	Wellpinit	Wellpinit
<b>Thurston</b>	North Thurston Area	North Thurston
<b>Thurston</b>	Riverside Area	Riverside
<b>Walla Walla</b>	College Place	College Place
<b>Walla Walla</b>	Burbank	Columbia School District
<b>Whitman</b>	Colfax	Colfax
<b>Whatcom</b>	Deming	Mount Baker
<b>Yakima</b>	Grandview	Grandview
<b>Yakima</b>	Granger	Granger
<b>Yakima</b>	Cowiche	Highland
<b>Yakima</b>	Mabton	Mabton
<b>Yakima</b>	Union Gap	Union Gap

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

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## 5. Scope of Work

The work of successful applicants 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 list of approved programs on Form A.
  - i. Applicants are required to implement Opioid Misuse and Abuse Prevention Education Campaign (participation, materials, and training will be provided by the state)
  - ii. Applicants shall select one of the following proposal options (a) or (b).
    - a. At least one Environmental Strategy on the approved list.
    - b. At least one Environmental Strategy on the approved list and one or more Evidence-based (EB) and/or Research-based (RB) services on the approved list.
  - iii. Funds shall be used to support program costs including staff for program planning, training, implementation, reporting and evaluation.
- b. 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.
- c. 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.
- d. Complete monthly program or strategy services reporting by the 15<sup>th</sup> of the month following the month of services, including required pre/post-test data.
- e. Participate in monthly DBHR learning community meetings.
- f. Participate in monthly check-in phone calls with contract manager or designee.

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## 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 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](mailto:Prevention@dshs.wa.gov) with the Subject line: RFA # 18/19-008 - STR 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 - Program Budget
- 5 - New Contractor Intake Form (and completion of online registration as DSHS vendor). Submit a completed and signed Contractor Intake Form.
- 7 - Mentoring Program Survey from Mentoring Works Washington (if applicable)<sup>1</sup>

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

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<sup>1</sup> 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>

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## 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.

- 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 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.



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**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.**

<p><b>0 points - Unacceptable:</b> 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.</p>
<p><b>1 Point - Marginal:</b> 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.</p>
<p><b>2 Points - Acceptable:</b> 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.</p>
<p><b>3 Points - Very Good:</b> 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.</p>
<p><b>4 Points - Excellent:</b> 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.</p>

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**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 pages 4-5.

**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, state distribution of geographic location and community population size, risk ranking.

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**Part B: Application Materials**

**Appendix A: Application Face Page**

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

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**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 opioid 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 8-10 of RFA.)

1. Is this an application for: <input type="checkbox"/> a single community <input type="checkbox"/> multiple communities.
2. In addition to the required Education Campaign outlined in the Scope of Work on page 6 of the RFA, this application is for a proposal requesting: a. <input type="checkbox"/> Only for Opioid Prevention Environmental Strategies b. <input type="checkbox"/> For both Opioid Prevention Environmental Strategies and Prevention Programs
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) <sup>1</sup> (Priority bonus points available for serving high-need communities. (Listed on pages 4-5 of the RFA.)
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: Z +4 (assigned by the US Postal Service)
9. Applicant type: <input type="checkbox"/> public agency <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:

<b>Opioid Prevention Environmental Strategies List (must select at least one strategy)</b>		
<input type="checkbox"/> Local Prescriber Education <input type="checkbox"/> Policy Review and Development <input type="checkbox"/> Secure Medicine Take-back <input type="checkbox"/> Secure/Safe Home Storage Events or Sites		
<b>Opioid Prevention Programs and Strategies List (Optional)</b>		
<input type="checkbox"/> All Stars <input type="checkbox"/> Athletes Training and Learning to Avoid Steroids <input type="checkbox"/> Communities That Care <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) <sup>1</sup> <input type="checkbox"/> Familias Unidas	<input type="checkbox"/> Friends Care <input type="checkbox"/> Getting Connected <input type="checkbox"/> Good Behavior Game <input type="checkbox"/> Guiding Good Choices <input type="checkbox"/> Keep Safe <input type="checkbox"/> Keepin' It REAL <input type="checkbox"/> Life Skills Training (Middle School) <input type="checkbox"/> Lions Quest Skills for Adolescence <input type="checkbox"/> Nurse Family Partnership <input type="checkbox"/> Positive Action	<input type="checkbox"/> Project Northland (may include Class Action) <input type="checkbox"/> Project Star <input type="checkbox"/> Project Towards No Drug Abuse <input type="checkbox"/> PROSPER <input type="checkbox"/> Strengthening Families Program: For Parents and Youth 10-14 (Iowa Version) <input type="checkbox"/> Strong African American Families (Regular and Teen)

<sup>1</sup> 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>

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## **Appendix B: Project Narrative**

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

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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)

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**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>)



**Contractor Intake Instructions**

**All New DSHS Contractors must:**

- 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/Vendor/Pay/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.

**All Existing DSHS Contractors who have changed their business name or business organization, or experienced other significant changes, must:**


- Update their information in the **Statewide Payee Registration System** by following the instructions at <http://des.wa.gov/services/Contracting/Purchasing/Business/Vendor/Pay/Pages/default.aspx>.
- Complete, sign and submit a new Contractor Intake form to the Department of Social and Health Services (DSHS).

**Section One: Contractor Name/Business Organization**

- Contractor name.**
  - 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.
- Business Organization. Please mark only one.**
  - If you are a **nonresident alien/foreign person or a business entity established in another state or country**, the IRS requires you to complete 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.
- Taxpayer Identification Number (TIN).**
  - 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.
- Default Reported, Fiscal Year, UBI Number, Business License, and DUNS Number.**
  - 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://bis.dor.wa.gov/taolicense.aspx>
  - Provide your Dun and Bradstreet (DUNS) Number.

**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.

**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, minibusines and small business, See RCW 39.26.010 (19), (20) and (21)



**Contractor Intake**

**Section One: Contractor Name/Business Organization (DSHS staff enter on ACD Intake Detail screen)**

1. CONTRACTOR NAME DBA OR FACILITY NAME

2. BUSINESS ORGANIZATION

<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 (LLLLP)
<input type="checkbox"/> Faith Based ( ) Non-Profit Corporation	<input type="checkbox"/> Limited Liability Company, filing as a Corporation
<input type="checkbox"/> Faith Based Non-Incorporated	<input type="checkbox"/> Limited Liability Company, filing as a Partnership
<input type="checkbox"/> Commemorative	<input type="checkbox"/> Limited Liability Company, filing as a Sole Proprietor
<input type="checkbox"/> Other Person Company	

If your business is **NOT** a sole proprietorship, attach a list of the partners, members, directors, officers, and board members.

3. TAXPAYER IDENTIFICATION NUMBER (TIN)

Enter your TIN in the appropriate box.

Social Security Number OR Employer Identification Number	(Enter all 9 numbers, NO DASHES)
	(Enter all 9 numbers, NO DASHES)

4. DEFAULT REPORTED, FISCAL YEAR, UBI NUMBER, BUSINESS LICENSE, AND DUNS NUMBER

Have you had any contract with the state terminated for default?  Yes  No  
 If yes, attach a list of terminated contracts with an explanation why each contract was terminated.

Is your fiscal year end the same as the calendar year (January 1 through December 31)?  Yes  No  
 If the answer is no, what is your fiscal year end date? \_\_\_\_\_

What is your Washington State Uniform Business Identifier (UBI) Number? \_\_\_\_\_ (Enter all 9 numbers, NO DASHES)  
 Attach a copy of your current Washington State Master Business License.  
 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.)  
 \_\_\_\_\_

What is your Dun and Bradstreet (DUNS) number? \_\_\_\_\_ (Enter all nine numbers, NO DASHES.)

**Section Two: Contractor Primary Address (DSHS staff enter on ACD Intake Detail screen)**

CONTRACTOR PRIMARY ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)

CITY, STATE, AND ZIP CODE

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**Appendix D: Action Plan**

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

**State Targeted Response (STR) to the Opioid Crisis Community-based  
Prevention Services Action Plan Template\*  
August 15, 2017 – April 30, 2019**

This template is for use with the August 15, 2017 – April 30, 2019 DSHS/DBHR Community-based Prevention Services for State Targeted Response (STR) to the Opioid Crisis. Please complete an Action Plan for Direct Service Programs and Environmental Strategies by fiscal year, August 15, 2017-April 30, 2018 and July 1, 2018-April 30, 2019.

Organization Name:  Date Submitted:

For assistance using this template please contact the DBHR Prevention Training Unit at [Prevention@dshs.wa.gov](mailto: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 contact us to un-restrict the editing protection and make your edits.

**Action Plan for First Year:**

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

**Project Goal:** \_\_\_\_\_

Program/ Strategy	Risk/Protective factor to be addressed	Community Name	Will you be able to 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 on 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 – April 30, 2019 DSHS/DBHR (RFA # 18/19-008)

\*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.

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**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 for Opioid Misuse and Abuse Prevention . \*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.

<b>Organization Name:</b>		
<b>Date Submitted:</b>		
<b>Line Items</b>	<b>State Targeted Reduction (STR) - Year 1</b>	<b>State Targeted Reduction (STR) - Year 2</b>
	Budget for August 15, 2017 - April 30, 2018	Budget for May 1, 2017 - April 30, 2019
<b>Administration</b>		
	Year 1	Year 2
8% Maximum Allowable Admin of STR Budget (may be divided between contractor and subcontractors but may not exceed 8% of total budget).	-	\$ -
<b>Subtotal</b>	-	\$ -
<b>Travel/Training/ Capacity Building for Program/Strategy</b>		
<b>Program Name:</b>	Year 1	Year 2
This is an Environmental Strategy or Evidence-based/Research-based program: (select from drop-down)		
Mileage	\$ -	\$ -
Air	\$ -	\$ -
Hotel	\$ -	\$ -
Lodging	\$ -	\$ -
Per diem	\$ -	\$ -
Transportation	\$ -	\$ -
Registration fees	\$ -	\$ -
<b>Subtotal</b>	\$ -	\$ -
<b>Travel/Training/ Capacity Building for Program/Strategy</b>		
<b>Program Name:</b>	Year 1	Year 2

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**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](http://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	Central Seattle South East Seattle Vashon Island White Center/ Highline Chief Sealth*
Kitsap	Bremerton North Kitsap
Kittitas	Cle Elum/Roslyn
Klickitat	Klickitat/Lyle
Lewis	Morton

County	CPWI Community
Lincoln	Reardan
Mason	Shelton
Okanogan	Omak
Pacific	Long Beach
Pend Oreille	Cusick
Pierce	Clover Park Orting Tacoma/Franklin Pierce Tacoma (Foss High School Area)*
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](mailto:Prevention@dshs.wa.gov) for a contact person in these communities, if needed.