

Request for Applications
 Community-based Mental Health Promotion/Suicide Prevention Services
 Washington State Department of Social and Health Services
 Division of Behavioral Health and Recovery (DSHS/DBHR)

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 local community-based organizations, government and public agencies (for example, school districts, law enforcement, counties, ESDs, and Tribes) that serve high-need communities in Washington State to provide quality and culturally competent replications of evidence-based, research-based and promising mental health promotion and suicide prevention programs. **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 in Part D and Form B of the RFA.)

1. Is this an application for: <input type="checkbox"/> a single community <input type="checkbox"/> multiple communities.
2. This application is for a proposal requesting (select only One):
a. Mental Health Promotion Options (Must include EB/RB/P programs from the lists in Form A. Innovative programs are not permitted for this option).
i. <input type="checkbox"/> Only Evidence-based (EB) or Research-based (RB) services are proposed.
ii. <input type="checkbox"/> Only Promising Program (PP) services are proposed.
iii. <input type="checkbox"/> Combination of EB/RB/PP program services proposed (Innovative Programs are allowed for suicide prevention efforts only and may not be included with this option).
b. Suicide Prevention Options (Must include EB/RB/P programs or identify approved Risk/protective factors from the lists in Form A).
i. <input type="checkbox"/> Only Evidence-based (EB) or Research-based (RB) services from the lists on Form A are proposed.
ii. <input type="checkbox"/> Only Promising Program (PP) services from the lists on Form A are proposed.
iii. <input type="checkbox"/> Only Innovative Program services are proposed.
iv. <input type="checkbox"/> Combination of EB/RB/PP/IP program services proposed (Innovative Programs are allowed for suicide prevention efforts only).
3. Community name(s) (service area(s) where proposed services will be provided):
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: _____ Zipcode: _____ +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:**
 * = Programs that have identified dual outcomes for mental health promotion and either general substance abuse prevention outcomes or marijuana-specific prevention outcomes

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Evidence-based (EB) & Research-based (RB) Programs for Mental Health Promotion		
<input type="checkbox"/> Good Behavior Game (GBG)* <input type="checkbox"/> Lions Quest Skills for Adolescence* <input type="checkbox"/> New Beginnings Program <input type="checkbox"/> Positive Action* <input type="checkbox"/> Primary Project* <input type="checkbox"/> Guiding Good Choices*	<input type="checkbox"/> Incredible Years* <input type="checkbox"/> Parent Corps <input type="checkbox"/> Parenting Management Training – The Oregon Model (PMTO) <input type="checkbox"/> Strengthening Families Program: For Parents and youth 10-14 (Iowa Version)*	<input type="checkbox"/> Project STAR <input type="checkbox"/> SPORT Prevention Plus Wellness <input type="checkbox"/> Strengthening Families Program: For Parents and Youth 10-14 (Iowa Version)
Promising Programs (PP) for Mental Health Promotion		
<input type="checkbox"/> Early Risers (Skills For Success)* <input type="checkbox"/> Fourth R (Skills for Youth Leadership)*	<input type="checkbox"/> Second Step* <input type="checkbox"/> Triple P (Positive Parenting Program)	<input type="checkbox"/> Chicago Parenting Program

Evidence-based (EB) & Research-based (RB) Programs for Suicide Prevention		
<input type="checkbox"/> Sources of Strength <input type="checkbox"/> Coping and Support Training (CAST)*		
Promising Programs (PP) for Suicide Prevention		
<input type="checkbox"/> QPR (Question, Persuade, Refer)		

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Approved domains and Risk Factors for Innovative (I) Suicide Prevention Programs			
<p style="text-align: center;">Societal</p> <input type="checkbox"/> Media Violence	<p style="text-align: center;">Community</p> <input type="checkbox"/> Poor neighborhood support and cohesion <input type="checkbox"/> Transitions and Mobility	<p style="text-align: center;">Relationship</p> <input type="checkbox"/> Social isolation/Lack of social support <input type="checkbox"/> Poor parent-child relationships <input type="checkbox"/> Family History of suicide <input type="checkbox"/> Family Management problems <input type="checkbox"/> Family Conflict <input type="checkbox"/> High conflict or violent relationships	<p style="text-align: center;">Individual</p> <input type="checkbox"/> Lack of non-violent social problem-solving skills <input type="checkbox"/> Poor behavioral control/impulsiveness <input type="checkbox"/> History of violence victimization <input type="checkbox"/> Witnessing violence <input type="checkbox"/> Psychological/mental health problems
Approved domains and Protective Factors for Innovative Suicide Prevention Programs			
<p style="text-align: center;">Societal</p> <input type="checkbox"/> N/A	<p style="text-align: center;">Community</p> <input type="checkbox"/> Coordination of resources and services among community agencies <input type="checkbox"/> Access to mental health and substance abuse services <input type="checkbox"/> Community support/connectedness	<p style="text-align: center;">Relationship</p> <input type="checkbox"/> Family support/connectedness <input type="checkbox"/> Connection to a caring adult <input type="checkbox"/> Connection/commitment to school	<p style="text-align: center;">Individual</p> <input type="checkbox"/> Skills in solving problems non-violently

11. Are you collaborating with a community coalition?

- Yes No (Skip to #12)
- a. If yes, how is this coalition funded? (i.e., DSHS/DBHR CPWI, Drug Free Communities)
 - b. If yes, please identify the community coalition contact person and email address.
 - c. If yes, provide a letter of support from the community coalition(s).

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

- Application Face Page (Form A)
- Complete Project Narrative (Form B)
- Program Action Plan (Form D)
- Program Budget (Form E)
- Contractor Intake Form (Form C)
- Letter(s) of Support (Only applicable if interagency collaboration is necessary for successful implementation of the service (i.e. School-based services, services that are dependent on partnerships for instructors, space, access to clients etc.)
- The individual with Contractor signature authority, as indicated on the Contractor Intake Form, is aware of this application and supportive of its submission. **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.