**Form A: Application Face Page –**

**(Forms can be downloaded at** [**www.theathenaforum.org/I502PreventionPlanImplementation**](http://www.theathenaforum.org/I502PreventionPlanImplementation)**)**

The Request for Application packet contains program details, requirements and reporting deadlines for funding available to community-based and public organizations for the provision of substance abuse and youth marijuana use prevention. **Selection of programs should match the need of the community.**

*(Note: Not all applications will be awarded. Funding is dependent on interest, application scores and program funding amounts awarded may vary. See scoring criteria on page 3 of RFA.)*

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| --- |
| 1. **Is this an application for:**  a single community  multiple communities |
| 1. **Community name(s) (service area(s) where proposed services will be provided):** |
| 1. **School district(s) within service area(s):** |
| 1. **County(ies):** |
| 1. **Organization name:      , Mailing address:** |
| 1. **Organization contact person name:      , Title:      , Email:      , Phone number:** |
| 1. **Organization’s DUNS number:       + 4 Zipcode:** |
| 1. **Organization type:** public agency/organization community-based organization |

1. **Are you collaborating with a community coalition?**  Yes *(priority bonus points)*  No *(skip to #10)*
   1. If yes, how is this coalition funded? (for example DSHS/DBHR CPWI, Drug Free Communities)
   2. If yes, please identify the community coalition contact person and email address.
   3. If yes, provide a letter of support from the community coalition. *(optional; priority bonus points).*
2. **Please check the program(s) from the list below you intend to implement with this funding:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Evidence-Based & Research-Based Programs** | | | |
| Good Behavior Game (GBG)  Nurse Family Partnership  Guiding Good Choices  Incredible Years  Keepin it Real  Life Skills Training - Middle School | Lions Quest Skills for Adolescence  Mentoring for students:  Community-based (Big Brothers Big Sisters, Across Ages, Sponsor-a-Scholar, Career Beginnings, the Buddy System, and Washington State Mentors program.) | | Project Northland(may include Class Action)  Project STAR  SPORT Prevention Plus Wellness  Strengthening Families Program: For Parents and Youth 10-14 (Iowa Version) |
| **Promising Programs** | | | |
| Alcohol Literacy Challenge (ALC)  Athletes Training & Learning to Avoid Steroids (ATLAS)  Communities That Care  Community Trials Intervention to Reduce High-Risk Drinking  Coping Power  Curriculum-Based Support Group (CBSG) | Familias Unidas  Family Matters  Parent Management Training  Positive Action  PROSPER  Project Towards No Drug Abuse  Project Towards No Tobacco Use  Protecting You/Protecting Me | | Raising Healthy Children (using SSDP model)  Start Taking Alcohol Risks Seriously (STARS) for Families  Strong African American Families  Teen Intervene |
| **Environmental Strategies (Promising)** | | | |
| Policy Review and Development  Purchase Surveys coupled w/ Reward & Reminder | | Restrictions at Community Events  Social Norms Marketing | |

1. **Is your application complete?**

Application Face Page

Complete Project Narrative

Program Action Plan

Program Budget

Contractor Intake Form

Letter of Support, if applicable

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.**

**Form B: Project Narrative -**

**(Forms can be downloaded at** [**www.theathenaforum.org/I502PreventionPlanImplementation**](http://www.theathenaforum.org/I502PreventionPlanImplementation)**)**

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.

**Briefly answer the following:**

1. Define the geographic boundaries that the organization will serve.
   1. If the community(ies) to be served is listed in Appendix B, please identify community here:       *(+5 Priority bonus points)*
2. Briefly describe the demographics of the community you intend to serve, as well as, specifically who will be served with these funds.
3. Explain how your organization provides culturally competent and appropriate services.
4. Explain how your organization is actively involved with reducing health disparities.
5. Indicate which program(s), from the list in Appendix A, your organization will implement and provide a brief description of how it will be implemented?
6. Is there currently a community coalition established that will be involved with these efforts? *(+3 Priority bonus points)*  Yes  No 
   1. If collaborating with an established community coalition please provide the coalition name and coordinator name.
   2. Explain how the programs proposed in question #3 align with the coalition’s current efforts.
   3. Submit a Letter of Support from community coalition (optional) *(+2 Priority bonus points)*
7. Briefly describe how your organization is equipped and capable of successfully implementing the services outlined in the project description.
8. Explain how you will get programs started within the first two (2) months of an executed contract.
9. Do you anticipate any specific technical assistance and training you will need in order to implement this project?  Yes  No *(skip to #10)*
   1. If so, please explain.
10. Are you also applying for marijuana tax revenue funds through Department of Early Learning (DEL) or Department of Health (DOH)?  Yes  No
    1. If so, please explain how these funds will be used in conjunction with those proposed projects?
11. Submit a completed budget.
12. Submit a completed Action Plan.
13. Submit a completed and signed Contractor Intake Form.

*Note: Fillable forms can be downloaded at The Athena Forum at* [www.theathenaforum.org/I502PreventionPlanImplementation](http://www.theathenaforum.org/I502PreventionPlanImplementation)