**EXHIBIT G - 2**

**DEDICATED MARIJUANA ACCOUNT PACKET**

**Community(ies) to be served, including high-need community from list in Exhibit I:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Selection:**

Implement approved Action Plan submitted with your Application.

* + - * Applicant will select one of the following proposal options A, B, or C:
      1. Only Evidence-Based Program (EBP) or Research-Based Program (RBP) services are proposed.
      2. Only Promising Program (PP) services are proposed.
      3. Combination of EBP/RBP and PP services proposed. No less than 85% of the proposed budget can support programs that are either EBP or RBP from the provided list in this RFA. No more than 15% of funding can support PP from the provided list. Applicants are encouraged to include an EBP in their proposed programs as the final decision will be made on meeting an overall 85% target for EBPs. Final selection may be based on this distribution.
* Applicants are required to attend bi-monthly DBHR Learning Community Meetings, the November 2020 All Provider Meeting, and other required trainings from DBHR.
  + - Funds can be used for staff for program planning, training, implementation, reporting, and evaluation.

**Make selections below:**

|  |  |
| --- | --- |
| 1. **EBP/RBP** | |
| Communities That Care (CTC)  Community-Based Mentoring (Big Brothers/Big Sisters, Across Ages, Sponsor-a-Scholar, Career Beginnings, the Buddy System, or innovative design that must be approved by Mentoring Works WA)  Family Matters – (adapted for marijuana)  Good Behavior Game (PAX)  Guiding Good Choices  Incredible Years  Life Skills Training (Botvin Middle School Version)  Lions Quest Skills for Adolescents  Nurse Family Partnerships | Positive Action  Project Northland (may include Class Action)  Project STAR  Project Towards No Drug Abuse  Project Towards No Tobacco Use – (adapted for marijuana)  PROSPER  SPORT Prevention Plus Wellness  Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14)  Strong African American Families Program – (Ages 5-11 and Teen Version) |
| 1. **PP** | 1. **Environmental/Information Dissemination Strategies PP** |
| Athletes Training & Learning to Avoid Steroids (ATLAS)  Alcohol Literacy Challenge (ALC)  Athletes Training & Learning to Avoid Steroids  Families Unidas  Keep Safe  Keepin’ It REAL  Parent Management Training  Protecting You/Protecting Me | Community Trials Intervention to Reduce High-Risk Drinking (adapted for youth marijuana use prevention)  Policy Review and Development  Purchase Surveys couple w/ Reward & Reminder  Restrictions at Community Events  Social Norms Marketing (Information Dissemination) |

**For ALL Community-Based Mentoring program Applications, Mentoring Works Washington Survey must be completed prior to submission of this Application.** <https://www.surveymonkey.com/r/X8TSJHR>

**EXHIBIT G - 2**

**PROJECT NARRATIVE**

A separate Project Narrative is required for each funding source the Applicant is applying for. For example, if the Applicant is applying for both DMA and MHPP, two project narratives are required, one for each funding source.

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 NARRATIVE** | **MAXIMUM POINTS Available** |
| 1. Overview | 20 |
| 1. Plan for Advancing Health Equity | 10 |
| 1. Implementation | 30 |
| 1. Budget | 10 |
| **PROJECT NARRATIVE TOTAL** | **70** |
| 1. Bonus Points Available  * Up to 5 points if Applicant serves a high need Community on the list in Exhibit I. * Up to 5 points if the Applicant plans to collaborate with an existing CPWI Community. | 10 |
| **PROJECT NARRATIVE TOTAL - WITH BONUS POINTS** | **80** |

Your Project Narrative should answer the following:

1. **Overview (20 points)** 
   1. Describe the community(ies) that will be served with your program(s) and if the community(ies) is/are on the high-need list as described in Exhibit I of this RFA. Briefly describe the demographics of the community you intend to serve, including specifically who will be served with these funds.
   2. Provide data (such as a high level summary with references, demographics, or Healthy Youth Survey data) to support the substance use disorder or mental health needs in the communities identified.
   3. Provide a brief overview of how your program addresses prevention of substance abuse or mental health promotion and the proposed strategies to be implemented in the community you intend to serve. Explain your understanding or prevention science and the strategic prevention framework.
   4. Describe your ability and experience with providing mental health promotion services, or alcohol, tobacco, marijuana, and other drug prevention services. Describe your ability and experience serving high need populations, including youth and parents.
2. **Plan for advancing Health Equity (10 points)**
   1. Explain how your organization will provide culturally competent and appropriate services, using specific details that demonstrate this capacity.
   2. 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.
3. **Implementation (30 points)**
   1. Provide a brief description of how your organization will implement the chosen approved Program(s), from page one (1) of this Exhibit. Please indicate if you plan to implement programs according to program implementation requirements, or if you have any planned adaptations or cultural considerations, please describe these.
   2. Please describe how these programs were selected for implementation in your community. If applicable, describe the connection of your implementation plan to any existing local, regional, or statewide strategic plan. If you are intending to use any part of this grant for planning purposes, please describe what planning process you will go through.
   3. Explain how you will get programs started within the first two (2) months of an executed contract.
   4. Discuss any collaborations or partnerships that will support this work. Include any letters of support that demonstrate these partnerships.
   5. 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.
   6. Describe the specific technical assistance and training you will need to implement this scope of work and your plan to address these needs.
   7. Fill out the Action Plan according to the directions in the form with approved programs. Include goals that are based on risk and protective factors. Ensure objectives are measurable and appropriate for the identified goal. Ensure survey instruments are appropriate for the identified risk and protective factors using the Substance Use Disorder Prevention and Mental Health Promotion Online Reporting System (Minerva) Survey Selection Guide. <https://www.theathenaforum.org/surveyselection>.
4. **Budget (10 points)**
   1. 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.). Ensure all line items are allowable and reasonable. Ensure amount requested aligns with single site or multi-site requirements. Be sure to include estimated costs for required DBHR training such as the All Provider Meeting each November.
   2. Fill out the Budget Form in Exhibit H-2. Do not exceed 8% for administrative cost.

|  |  |
| --- | --- |
| FUNDING SOURCE LEGEND | |
| SOR | *State Opioid Response (SOR) Grant* ***(Federal Funds)*** |
| DMA | *Dedicated Marijuana Account* ***(State Funds)*** |
| MHPP | *Mental Health Promotion Projects* ***(State Funds)*** |
| DFC | *Drug Free Communities Grant Funds* ***(Federal Funds)*** |
| Match | *Match funding to support implementation / training* |
| Other | *Local funding source or not DBHR contracted* |
| TBD | *Funding not secured yet, or Future Planning if funds became available* |

**ACTION PLAN EXHIBIT G – 2**

*This form is locked for filling in form functions, but is not password protected. If you need to add rows, feel free to un-restrict the editing protection and make your edits.* Use the Survey Selection Guide at <https://www.theathenaforum.org/surveyselection>. You may add additional goals or strategies if needed by copying and pasting the entire section.

This form now has a row that describes the corresponding question in the Minerva system while building the program profile. This is to be used as a reference as you build your new programs in the online reporting system, as well as fill this template out. If awarded, you will receive training on the Minerva online reporting system.

***Goal 1:***  *(Minerva #11)*

* 1. *(Minerva #12, #13)*

***CSAP Strategy\*:***Choose an item. *(Minerva #15)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category\*** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program  Name*** | *See list above* | *Briefly state the main purpose of activity* | *How much?*  *How often? During which months?* | *Who is this service for?  How many people reached?*  *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Organization delivering program?  Who is making sure this gets done?* | *What survey will you be using? How often (one-time, pre/post, etc.)?* |
| *Minerva #3* | *#7* | *#4* | *#18, #19* | *#16, #21, #22, #23* | *N/A* | *#24, #25* |
|  |  |  |  | Who & # reached:  IOM: |  |  |
|  |  |  |  | Who & # reached:  IOM: |  |  |

***Objective 1.2:*** *(Minerva #12, #13)*

***CSAP Strategy:***Choose an item. *(Minerva #15)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program  Name*** | *See list above* | *Briefly state the main purpose of activity* | *How much?*  *How often? During which months?* | *Who is this service for?  How many people reached?*  *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Organization delivering program?  Who is making sure this gets done?* | *What survey will you be using? How often (one-time, pre/post, etc.)?* |
| *Minerva #3* | *#7* | *#4* | *#18, #19* | *#16, #21, #22, #23* | *N/A* | *#24, #25* |
|  |  |  |  | Who & # reached:  IOM: |  |  |
|  |  |  |  | Who & # reached:  IOM: |  |  |

***Goal 2:*** *(Minerva #11)*

***Objective 2.1:*** *(Minerva #12, #13)*

***CSAP Strategy:***Choose an item. *(Minerva #15)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program  Name*** | *See list above* | *Briefly state the main purpose of activity* | *How much?*  *How often? During which months?* | *Who is this service for?  How many people reached?*  *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Organization delivering program?  Who is making sure this gets done?* | *What survey will you be using? How often (one-time, pre/post, etc.)?* |
| *Minerva #3* | *#7* | *#4* | *#18, #19* | *#16, #21, #22, #23* | *N/A* | *#24, #25* |
|  |  |  |  | Who & # reached:  IOM: |  |  |
|  |  |  |  | Who & # reached:  IOM: |  |  |

***Objective 2.2:*** *(Minerva #12, #13)*

***CSAP Strategy:***Choose an item. *(Minerva #15)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program  Name*** | *See list above* | *Briefly state the main purpose of activity* | *How much?*  *How often? During which months?* | *Who is this service for?  How many people reached?*  *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Organization delivering program?  Who is making sure this gets done?* | *What survey will you be using? How often (one-time, pre/post, etc.)?* |
| *Minerva #3* | *#7* | *#4* | *#18, #19* | *#16, #21, #22, #23* | *N/A* | *#24, #25* |
|  |  |  |  | Who & # reached:  IOM: |  |  |
|  |  |  |  | Who & # reached:  IOM: |  |  |

**EXHIBIT H - 2**

**BUDGET**

**POSTED SEPARATELY**