**Form A: Application Face Page -**

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

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 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 pages 5-7 of RFA.)*

|  |
| --- |
| 1. **Is this an application for:** [ ]  a single community [ ]  multiple communities.
 |
| 1. **This application is for a proposal requesting[[1]](#footnote-1):**
2. **[ ]** Only for EBP/ RBP services
3. **[ ]** Only for Promising Program services
4. **[ ]** At least 85% of requested funding for EBP/RBP services and up to 15% of requested funding Promising Program services
 |
| 1. **Community name(s) (service area(s) where proposed services will be provided):**

*(Priority bonus points available for serving community(ies) listed in Appendix B.)* |
| 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:       Zipcode:       +4** (assigned by the US Postal Service)
 |
| 1. **Applicant type: [ ]** public agency **[ ]** community-based organization(non-governmental)
 |

1. **Please check the program(s) from the list below you intend to implement with this funding:**

|  |
| --- |
| **Evidence-based & Research-based Programs** |
| [ ]  Communities That Care[ ]  Good Behavior Game (GBG) [ ]  Guiding Good Choices[ ]  Incredible Years[ ]  Life Skills Training - Middle School [ ]  Lions Quest Skills for Adolescence  | [ ]  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)[[2]](#footnote-2)[ ]  Positive Action | [ ]  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 [ ]  Community Trials Intervention to Reduce High-Risk Drinking (adapted for youth marijuana use prevention) | [ ]  Coping Power[ ]  Curriculum-Based Support Group [ ]  Familias Unidas[ ]  Family Matters[ ]  Keepin’ It REAL[ ]  Project Towards No Drug Abuse  | [ ]  Project Towards No Tobacco Use [ ]  Protecting You/Protecting Me[ ]  PROSPER[ ]  Raising Healthy Children (using SSDP model)[ ]  Strong African American Families [ ]  Teen Intervene |
| **Environmental Strategies (Promising Programs)** |
| [ ]  Policy Review and Development[ ]  Purchase Surveys coupled w/ Reward & Reminder  | [ ]  Restrictions at Community Events[ ]  Social Norms Marketing |

1. **Are you collaborating with a community coalition?**

[ ]  Yes *(Priority bonus points available)* [ ]  No *(Skip to #10)*

* 1. If yes, how is this coalition funded? (i.e., 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(s). *(Priority bonus points available).*
1. **Is your application complete?** Please check box indicating that your application includes the following:

[ ]  Application Face Page

[ ]  Complete Project Narrative

[ ]  Program Action Plan

[ ]  Program Budget

[ ]  Contractor Intake Form

[ ]  Letter(s) of Support (optional)

[ ]  For ALL Community-based Mentoring program proposals; Mentoring Works Washington Survey completed prior to submission of this application <https://www.surveymonkey.com/r/X8TSJHR>

[ ]  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.

**Project Description**

Briefly answer the following:

1. **Define the geographic community boundaries that the organization will serve**.
	1. **If the community(ies) to be served is listed in Appendix B, please identify community(ies):**       *(Priority bonus points available)*
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 and promoting health equity.**
5. **Indicate which Approved Program(s), from Appendix A, your organization will implement and provide a brief description of how it will be implemented?**
6. **Briefly describe how your organization is equipped and capable of successfully implementing the services outlined in the project description and reaching the goal number of participants.**
7. **Explain how you will get programs started within the first two (2) months of an executed contract.**
8. **Explain how you developed your budget line items and calculated your proposed costs.**
9. **Is there currently a community coalition established that will be involved with these efforts?** *(Priority bonus points available)* [ ]  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 #5 align with the coalition’s current efforts.**
	3. Submit a Letter of Support from community coalition (optional). *(Priority bonus points available)*
10. **Do you anticipate any specific technical assistance and training you will need in order to implement services?** [ ]  Yes [ ]  No *(skip to #11)
(This question is NOT SCORED, but an answer is required.)*
	1. **If yes, please explain**.
11. **Are you receiving marijuana tax revenue funded grants through the WA State Department of Early Learning (DEL) or the Washington State Department of Health (DOH)?** [ ]  Yes [ ]  No (*This question is NOT SCORED, but an answer is required.)*
	1. **If yes, please explain how these funds will be used in conjunction with those proposed projects?**

**Project Budget**

1. Submit a completed Budget.

**Project Action Plan**

1. Submit a completed Action Plan.

**Other**

1. **Submit a completed and signed Contractor Intake Form.**
2. **For all Community-based Mentoring Program proposals only:** Complete required survey for Mentoring Works Washington to review how your program is designed and your implementation methods. Survey available at this link: <https://www.surveymonkey.com/r/X8TSJHR>.

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

If you need technical assistance accessing these forms, please Email PRITraining@dshs.wa.gov.

1. Note: Overall funding opportunity is weighted to fund at least 85% EBP/RBP programs and up to 15% Promising Programs. [↑](#footnote-ref-1)
2. *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> [↑](#footnote-ref-2)