

Transforming
Lives



2015

LDTL Application for Contract Form

Project contact person	Phone number: Email address:
Name of group that will carry out LDTL activities:	Mailing address (including city and zip code):
County in which LDTL activities will occur:	
Did you group participate in LDTL in 2014 <input type="checkbox"/> Yes <input type="checkbox"/> No	

A contract must be in place between Washington’s Department of Social and Health Services (DSHS) and each group carrying out Let’s Draw the Line (LDTL) activities. The contract must be in place before LDTL activities begin. If your group does not have a Taxpayer Identification Number (also known as an Employer Identification Number) or if your group can’t contract with DSHS, you will need to identify a fiscal agent that DSHS can contract with.

Name of fiscal agent/contractor organization:
Name of fiscal agent/contractor contact person
Mailing address of fiscal agent (including city and 9- digit zip code):
Name of the person who will be implement this project:
Contact information
Fiscal agent’s EIN (9-digit Employer Identification Number):
Fiscal agent’s DUNS:

To Apply

- Commitment:**
- Each group needs to do 3 activities. 2 activities are required. Groups also select 1 activity from a list of options. Required reporting for each activity is listed next to each activity.
- Funding:**
- Groups will receive \$1,000 for completing their *LDTL* activities and for submitting completed project reports in a timely manner.
 - There will be a new contract or amendment to existing contracts, depending on local needs.
- Project Period & Important Dates:**
- Complete Application for Contract Forms are due by February 27, 2015. If the application is accepted, you will be sent information needed to complete a contract.
 - Applications are on a first come, first served basis.
 - Work on projects can begin as soon as a contract is in place.
 - All activities must be completed by May 31, 2015. Short extensions may be possible on a case by case basis if arrangements are made with DBHR prior to this deadline.
 - All reporting and A-19 billing must be submitted by June 14, 2015, unless other arrangements are made with DBHR prior to this deadline.
 - Billings received after June 30, 2015 will not be paid.
 - We need to have all documentation submitted before we can process a billing for payment.

Required:

Community Assessment of Neighborhood Stores (CANS) surveys.

1. Give advance notice to retailers of your plan to conduct CANS.
2. Reach out to and build a rapport with retailers prior to conducting CANS.
 - You must conduct 10 full CANS surveys in stores and submit to DBHR.
 - For groups that don't have 10 stores, you need to go to nearby towns and communities to complete 10 full CANS in stores and submit to DBHR.
 - If you simply don't have 10 stores available, you must conduct full CANS survey in the stores you do have and an exterior assessment in other establishments that sell alcohol that will add up to 10 and submit to DBHR.
3. If you don't qualify with options 1, 2, or 3, please call Beatriz Mendez at 360-725-9984 to look at other options.

For returning groups, we ask you to re-survey stores from last year.
4. Summarize the results of your local CANS.
 - Issue a press release announcing the results of your CANS. (Template to be provided.) Target date for this press release is the week of May 18-24 (SAMHSA's National Prevention Week).
 - Create a presentation summarizing the results of the local CANS. Present to at least one other organization in your community.

CANS Form

2014 Washington State Community Assessment of Neighborhood Stores (CANS)

Store Name: _____ Date: _____ Start Time: _____ End Time: _____
 Street Address: _____ Initials of inspectors: _____
 City: _____ Zipcode: _____ Store Type:
 Convenience Grocery/Supermarket Other: _____
 Nearby Landmark: _____

A. Community Environment

Can you see any of these **youth-friendly** places when you are standing on the store property?
 School Yes No
 Places of worship Yes No
 Parks, playground or sports fields Yes No
 Daycare or childcare center Yes No
 Malls or youth-focused centers Yes No
 Other (describe): _____ Yes No

Check any situations that suggest **young people "hang out"** on store grounds:
 2+ youth hanging out in front of store Yes No
 Graffiti or gang tagging Yes No
 Benches or picnic tables Yes No
 Bulletin boards/ads for youth events Yes No
 Bike racks Yes No
 Other (describe): _____ Yes No

Does the store have any **art** that appeals to youth inside the store?
 Soda/sweetened drinks Energy drinks Sports (baseball, Mariners, Seahawks)
 Candy or ice cream Other: _____

Are there **family-friendly ads outside** the store? "Let's Draw The Line" materials
 Stickers/signs from local youth orgs Stickers/signs for "family friendly" or similar Other: _____

Are there **family-friendly ads inside** the store? "Let's Draw The Line" materials
 Signs to deter illegal tobacco/alcohol sales LCB Responsible Vendor Certificate Other: _____

Alcohol and Tobacco Advertising details	Tobacco Advertising	Alcohol Advertising
Total number of exterior ads : on windows/doors (facing out), building, gas pumps, sidewalk or border areas – with brands, prices, symbols. (if "0" skip questions below)	Number: _____ (not necessarily the total of the numbers below)	Number: _____ (not necessarily the total of the numbers below)
Neon or lighted ads:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Free-standing ads ("sandwich board signs"):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Offers for discounts, sales, and deals (example: "buy one get one free"):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ads for hard liquor:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ads for beer or wine:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ads for menthol cigarettes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ads for fruit, sweet or exotic- flavored tobacco:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ads for "e-cigarettes" or "electronic cigarettes":	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ads for "natural," "organic" or "additive free" tobacco:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ads for specialty products ("strips", "orbs" or "snus"):	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total number of interior ads : on windows/doors (facing inside) – with brands, prices, symbols. (if "0" skip questions below)	Number: _____ (not necessarily the total of the numbers below)	Number: _____ (not necessarily the total of the numbers below)
Free-standing ads ("sandwich board signs" or other):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Offers for discounts, sales, and deals (example: "buy one get one free"):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ads for hard liquor:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ads for beer or wine:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Front

B. Advertising (cont.)

Alcohol and Tobacco Advertising details	Tobacco Advertising	Alcohol Advertising
Ads for menthol cigarettes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ads for fruit, sweet or exotic- flavored tobacco:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ads for "e-cigarettes" or "electronic cigarettes":	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ads for "natural," "organic" or "additive free" tobacco:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ads for specialty products ("strips", "orbs" or "snus"):	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ads below 3 1/2 feet:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Neon or lighted ads:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 dimensional ads or functional ads (moving parts):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inflatable signs with ads:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ads within 2 feet of candy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ads within 2 feet of sports pictures:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ads within 2 feet of toys:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Floor decals or graphics:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
"Power walls" or pyramids of product display:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ads or displays just inside front door:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ads or displays on aisle "end caps":	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cost for a: 0.750mL of Monarch, Blueberry, or Raspberry Vodka: \$ _____	Reds: \$ _____	100's: \$ _____
		6 pack of Bud Light: \$ _____

C. Healthy Food Options

Fresh vegetables (includes salads) No Yes → 1-2 types 3 or more types
 Fresh fruit (exclude lemons/limes) No Yes → 1-2 types 3 or more types
 Produce placed near front of store or next to checkout counter No produce No Yes
 Low-fat milk (1% or skim) No Yes
 Ads, signs or labels promoting healthy foods No Yes → **Outside** the store **Inside** the store

D. Products/Placement

Products/placement details	Tobacco	Beer/Wine	Liquor
Placed next to candy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next to checkout stand or on the counter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Placed near the door so it could be easily stolen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there hard liquor products for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No			
High alcohol content for sale? <input type="checkbox"/> Four Loko <input type="checkbox"/> Joose <input type="checkbox"/> Mike's Hard Lemonade <input type="checkbox"/> Blast <input type="checkbox"/> Tilt <input type="checkbox"/> Sparks			
Are there specialty tobacco products for sale? <input type="checkbox"/> Strips <input type="checkbox"/> Orbs <input type="checkbox"/> Snus <input type="checkbox"/> E-cigarettes <input type="checkbox"/> No			
Drug-related accessories for sale in the store: <input type="checkbox"/> Rolling papers <input type="checkbox"/> Glass pipes <input type="checkbox"/> Other: _____			

E. Notes

Back

Required:

Above the Influence Project.

- Use the following “Above the Influence” campaign link <http://www.atipartnerships.com/> to download the ATI Activities and choose one of the projects listed below. You will need to create an account to be able to download the ATI activities.
- **“TAG IT”** - Asks teens to tag the influences in their lives and share them with the world. This activity increases teen’s awareness of influences in their environment and how influences may encourage them to make either positive or negative decisions.
- **“BE IT”** – Asks teens to create their own personal slogan. This activity helps teens gain understanding of brand value and how maintaining a brand’s reputation affects the influence of the brand.
- **“EXPRESS IT”** - Asks teens to create a short skit, song or dance that educates and inspires them and their peers to live “Above the Influence.” This will help teens gain an awareness of their influences and issues impacting youth in their community.
- **“PICTURE IT”** – Engages teens in a discussion and photo-sharing exercise that highlights the potential pressures and risks they may face during their prom and graduation season.
- **“BRING IT”** – Asks teens to “role play” a variety of scenarios that portray real and challenging situations they might face in their daily lives.
- **D.DRIVER** – Puts teens in the driver’s seat by using video games and real-life scenarios to help them gain a better understanding of the potential consequences of driving after using alcohol and other drugs or while distracted.
- **INFLUENCE DISCUSSION** – Engage teens in your school or community in a discussion about “influence.” The activity challenges youth to think critically about the adverse effects of drugs use and the possible negative influences surrounding them in their social and media environment.
- **TEEN EXPRESSIONS ART PROJECT** – Asks teens in your community to create their own visual expressions of the Above the Influence symbol.

Description of optional activities: (check at least one)

Media Awareness Training – bring Miss Washington to your school to present the 2015 Media Awareness Training curriculum to a minimum of 20 youth. This item must be coordinated with Miss Washington’s schedule.

Police Tip Line, LDTL style – Work with your law enforcement to establish a “tip line” where information about underage drinking activities can be given. If a general tip line already exists for your community, promote its use for enforcing underage drinking laws.

Report on local justice system – What happens to individuals who receive citations for underage drinking offenses?

Reporting Requirement:

- Photo of the presentation of this training in your community.
- Number of adults and youth who attend the training.

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- Proof that tip line was established or promoted (e.g., copy of print ad that runs in newspaper).

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- Interview law enforcement, prosecutors, juvenile justice and court personnel regarding the process.
 - Prepare a report about the process and present it to a class at school; remember, take pictures!

Description of optional activities: (check at least one)

- LDTL Window Clings** – Work with store owners/managers to have LDTL window clings put in at least half of the stores where you conduct CANS surveys. Leave a copy of the WHY Coalition’s alcohol theft prevention best practices document.

Reporting Requirement:

- Photos of window clings being displayed.
- Number of stores in your community with LDTL window clings.

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- Another Activity from the ATI Campaign** – Select another activity from www.atipartnerhips.com

- Photos of the activity being implemented.

-
- Other activity** – Another activity approved by DBHR. Note: this cannot involve “scare tactics” like mock car crashes or “Every 15 minutes”

- As determined by DBHR.

Getting Set Up for a Contract and Payment

- All new groups participating in Let's Draw the Line (LDTL) will need to submit a contractor intake form and W9
- The intake form must be filled out by your fiscal agent.
- The form must be in and up to date before you receive a contract.
- And the fiscal agent must be registered with the State of Washington as a vendor in order to be paid.

The image shows three overlapping forms. The top-left form is the 'Contractor Intake' form from the Washington State Department of Social and Health Services. The top-right form is the 'Request for Taxpayer Identification Number and Certification' (W-9). The bottom form is the 'Statewide Payee Registration Washington State' form, which is the primary focus of the registration process.

Statewide Payee Registration Washington State

PLEASE DO NOT STAPLE

STEP 1: Is this a NEW registration or CHANGE to an existing registration (check one)?

NEW REGISTRATION

CHANGE TO EXISTING REGISTRATION – complete the ENTIRE form and check below what is updated:

Name/DBA Address Contact Information Email Payment Options Direct Deposit Additional Information

If you know your Statewide Vendor Number, enter it here: _____

STEP 2: Enter information about the payee and contact person

Legal Name of Payee as it appears on federal tax forms (see W-9) _____ SSN OR EIN _____

Business Name, if different from Legal Name above – e.g. Doing Business As (DBA) Name _____ Contact Person _____

Mailing Address _____ Contact Telephone Number _____

City, ST and Zip Code _____ Contact Fax Number _____

Email to receive Statewide Vendor Number and payment notifications _____ **Agit#Owner-Int.Systems/Identifier STATE USE ONLY**

Type of Business _____

STEP 3: Select Payment Option:

Direct Deposit to bank (recommended) or Check in US mail (terminates any previous banking information on file)

STEP 4: For Direct Deposit, complete all fields below and sign

Financial Institution Name – must be a US institution _____ Financial Institution Phone Number _____

Routing Number – see example at right _____ Account Number – see example at right _____

In addition to providing your banking information on this form, you may also attach a voided check.

Account Type: Checking or Savings (Checking will be used if neither box is marked.)

Authorization for Direct Deposit:

I have authorized and request the Department of Enterprise Services (DES) and the Office of the State Treasurer (OST) to initiate credit entries for payee payments to the account indicated above, and the financial institution named above is authorized to credit such account. I agree to abide by the National Automated Clearing House Association (NACHA) rules with respect to direct entries. Payment to the NACHA rules, DES and OST may initiate a reversing entry to reach a recipient or erroneous entry that they previously initiated. I understand that, if a reversal action is required, DES will notify this office of the error and the reason for the reversal. This authority will continue until such time DES and OST have had a reasonable opportunity to act upon written request to terminate or change the direct deposit service indicated herein.

Getting Set Up for a Contract and Payment

- If you are a returning group and it's been over two years since the contract intake information has been updated, you will need to submit a contractor intake form.
- These forms are available from www.theathenaforum.org. Go to Learning Community/Shared Documents and type DBHR into the search box. Then click Download to retrieve the individual forms.

The image shows a form titled "Contractor Information Update (for existing DSHS contractors)" from the Washington State Department of Social and Health Services. The form is divided into three main sections:

- Section One:** This section is for existing Contractors to provide current information as applicable. It includes instructions to complete a table and lists specific updates required, such as contact name, address, TIN or SSN, and fiscal year end.
- Section Two: Address and/or Staff.** This section allows the contractor to add an address and/or staff person for the DSHS Contract. It includes checkboxes for "Yes" or "No" for each update.
- Section Three: Information Update Authorization.** This section requires the contractor to provide a signature and title for the update, along with contact information for the person authorized to update the contractor information.

Information Description	Contractor Information
Contractor Name:	
Business Organization:	
TIN or SSN:	
Contracts Terminated for Default:	
Fiscal Year End:	
UBI Number:	
Primary Contact Name:	
Primary Address:	

Reporting

- A SurveyMonkey instrument will be used to report on Let's Draw the Line 2015 activities. The link to the instrument will be sent with your contract.
- In order to be paid, a completed SurveyMonkey report will need to be submitted.
- In addition, as described earlier, there is other documentation that will need to be submitted before a billing can be processed. This includes:
 - Copies of completed CANS Surveys;
 - Pictures of community members making presentation about CANS Surveys;
 - Pictures of community members participating in required Above the Influence activities and optional activities.
 - All the additional documentation is to be sent to Beatriz Mendez, EUDL Coordinator, at LDTL@dshs.wa.gov

Billing

- All activities must be completed by May 31, 2015
- All reporting and A-19 billing must be submitted by June 14, 2015
- All documentation must be submitted before we can process a billing for payment.

For additional information, contact:
Beatriz Mendez, EUDL Coordinator
(360) 725-9984
LDTL@dshs.wa.gov



Thank you