

Checklist for Submission:

I. Applicant Packet:

- a. **YCCTPP Request for Funding Face sheet**
- b. **Community Grant Application Questions**
 - i. Applicants should thoroughly read and answer each part of each question. Applicants are encouraged to share links to social media accounts, video representation and/or other links that will help reviewers gain a better understanding and overview of your organization.
- c. **Project Timeline**
 - i. Applicants must utilize the template included to create a project timeline that details activities and outcomes for each quarter. Successful applicants will work with project manager to update project timeline upon receiving award.
- d. **Delegation of Signature of Authority**
- e. **COVID Vaccination Verification**

II. Budget Proposal (attachment 4)

- a. Applicants must submit an itemized budget and a budget narrative for Budget Year 1. Applicants must use the excel template attached to the RFA. Please see the example Budget (attachment) for reference. Applicants should include relevant costs and estimate proposed costs associated. Costs included in the budget should be reasonable and consistent with the purpose and outcomes included in the proposal. Please see section 5 for funding guidance. The budget must include the following categories. (Each category does not need to have a budget allocated):
 - i. Salaries and wages
 - ii. Fringe benefits
 - iii. Equipment
 - iv. Supplies
 - v. Travel
 - vi. Goods & Services
 - vii. Admin Costs
 - viii. Total Costs

III. Other Attachments to include in submission:

- **Resumes of relevant project staff**
- **Letters of Support:** All applicants must submit **at least two letters** of support from partners.

Optional:

- Applicants may submit additional materials that support the applicants.

YCCTPP Request for Funding Application Face Sheet

NAME OF ORGANIZATION	
ADDRESS	
YCCTPP PROGRAM MANAGER	
TITLE	
TELEPHONE	
EMAIL	
TAX IDENTIFICATION NUMBER (TIN)	
UBI NUMBER	
AGENCY'S FISCAL YEAR BEGINS	
PROPOSED BUDGET FOR YEAR 1 (CDC TOBACCO FUNDS: 04/29/22 - 4/28/23 STATE FUNDS: 07/01/22 - 06/30/23)	

Print Name of Authorized Signatory

Signature of Authorized Signatory

Title/Date

Organization Information:

- 1. Lead Organization Name**

- 2. Lead Organization Address**

- 3. Type of Organization (government, nonprofit, coalition, school, etc.)**

- 4. Fiscal Sponsor Name (if applicable)**

- 5. Fiscal Sponsor Address (if applicable)**

- 6. Tax ID of lead Organization or Fiscal Sponsor**

- 7. State Vendor Number**

- 8. Highest Ranking Official Contact Person**

- 9. Contact Person for this application:**
 - Name (First, Last)**

 - Email address**

 - Phone Number**

10. Optional: (please include Name & URL)

Website:	
Facebook:	
Instagram:	
Twitter:	
Youtube	
Other:	

11. Please share agency/program mission statement

12. Please describe the history of the organization and the impact it has had on addressing youth substance use in their community (if a new organization or new to prevention, please indicate how this project will approach youth substance use prevention) (3,500 Character Limit)

13. Please describe your organization's leadership structure, please include Board/Advisory Board structure if applicable. How are decisions made and what roles do community partners and community members play in the decision-making process? (3,000 Character Limit)

14. What are your organization's current efforts and/or plans to ensure equity within your organizational policies and practices? (3,000 Character limit)

15. Please indicate your organization's capacity to speak and/or write in languages other than English. Also indicate whether the language capacity comes from someone who speaks that language as their first language or someone who learned the language, or if you would use a translation service.

Language(s) Spoken:

Language Capacity:

- Spoken fluently by a first language speaker.
- Spoken fluently by learned language speaker.
- Written by a first language speaker.
- Written by a learned language speaker.
- We will use a translation service.

Project Approach

16. Project Title

17. Geographic Area

- Zip Code(s) your project will serve.

- **Voting Districts in which your projects will take place (Use the [District Finder Tool](#) to find your voting districts):**

- **Describe the geographic area your project will impact on?**

18. Describe the population(s) you intend to serve, how long you have worked with that population and your relationship with this community/communities.

19. Which of the funding priorities will your project address?

- **Supporting growth of new and emerging prevention partners**
- **Community engagement and/or cross sector collaboration**
- **Developing culturally appropriate, effective, and sustainable prevention efforts tailored to meet community needs.**
- **Disrupt the Root Causes of Health Inequities including Institutional and Structural Racism and other forms of oppression by addressing the disproportionate impact of cannabis and commercial tobacco on people of color.**
- **Provide opportunities for youth leadership and engagement.**

20. Total Amount Requested:

21. What do you propose to do with this funding? Please detail the project. What is the goal of your project? Is this a new project or an expansion of work that you are currently doing? What is the specific policy, system (s) or environmental change(s) you expect to achieve? How will your approach directly address the priority above? (5000 Character Limit)

22. How will you track progress and measure outcomes? (3000 Character Limit)

23. Who else will you engage in this work and what will they contribute to your partnership? Are there other organizations that you would like to engage? (Priority will be given to those who demonstrate strong partnership and collaboration.) Partners could include other community-based organizations, local public health authorities, schools and school districts, or partners in other sectors. (3000 Character Limit)

24. Who will be the lead on project execution? Describe the composition of your project staff and decision-making body (staff, volunteers) and how these reflect the communities you are proposing to work with.

25. Describe how communities you serve will continuously guide and shape this work over the project's life cycle. Include how you will address challenges, conflicts and/or power dynamics. (3000 Character limit)

26. What kind of technical assistance would your organization benefit from? What kind of support would your organization need to carry out proposed activities? (2500 Character Limit)

27. Would you be interested in being notified of other funding opportunities through YCCTPP or YCCTPP Partners?

- Yes
- No

Project Timeline

Year 1		
Quarter	Activity/Activities	Outcome/Goals
Q1 Oct. 2023- Dec. 2023		
Q2 Jan 2024- March 2024		
Q3 April 2024- June 2024		

Year 2

Quarter	Activity/Activities	Outcome/Goals
<u>Q1</u> July 2024- Sept 2024		
<u>Q2</u> Oct 2024- Dec 2024		
<u>Q3</u> Jan 2025- March 2025		
<u>Q4</u> April 2025- June 2025		

Example

This page provides INSTRUCTIONS AND SAMPLES ONLY. Fill in the next page with your relevant information.

I. Delegation of Signature Authority

1. Print or type the name of the organization functioning as contractor, date you are completing this form, name of the program, and the DOH-assigned contract number(s). Use Section 1 on the next page.

NAME OF ORGANIZATION – SAMPLE	DATE SUBMITTED
ABCD Health District	November 11, 2022
NAME OF PROGRAM	CONTRACT NUMBER(S)
Youth Cannabis & Commercial Tobacco Prevention Program	NA

2. Print or type name and title of person or persons who have delegated signature authority as an authorizing official on the remainder of this form. Ensure each person signs *and* initials next to their name as entered. **Authorizing official(s) must have authority to bind your organization to contracts.** Fill in up to 2 Authorizing Officials in Section 2 on the next page.

AUTHORIZING OFFICIAL - SAMPLE		
<u>Mary Schumaker</u> <i>MS</i>	Mary Schumaker	Executive Director
SIGN AND INITIAL	PRINT OR TYPE NAME	PRINT OR TYPE TITLE
DATE SIGNED: 11/01/2022		

3. Print or type name and title of the person or persons who have delegated signature authority. Ensure each person signs next to their name as entered and initials and dates the area of signature authority. It is advisable to delegate authority to sign vouchers and budget revisions to more than one person. Fill in up to 3 Authorized Delegates in Section 3 on the next page.*

AUTHORIZED DELEGATE - SAMPLE			
<u>Lester Williams</u>	Lester Williams	Budget Director	11/01/2022
SIGNATURE	PRINT OR TYPE NAME	PRINT OR TYPE TITLE	DATE SIGNED
	<i>LW</i> 11/01/22	<i>LW</i> 11/01/22	
Authorized to Sign: Original/Revised Application (Initial and Date)	Authorized to Sign: Contracts/Amendments (Initial and Date)	Authorized to Sign: Vouchers/Budget Revisions (Initial and Date)	

* If you need more space, start with another blank copy of the second page of this document and indicate it is a continuation.

DELEGATION OF SIGNATURE AUTHORITY

All signatures MUST be original. Stamped signatures will not be accepted.

SECTION 1. – ORGANIZATION

NAME OF ORGANIZATION	DATE SUBMITTED
NAME OF PROGRAM	CONTRACT NUMBER(S)
Youth Cannabis & Commercial Tobacco Program	NA

SECTION 2. – AUTHORIZING OFFICIAL(S)

AUTHORIZING OFFICIAL		
SIGN AND INITIAL	PRINT OR TYPE NAME	PRINT OR TYPE TITLE
DATE SIGNED:		

AUTHORIZING OFFICIAL		
SIGN AND INITIAL	PRINT OR TYPE NAME	PRINT OR TYPE TITLE
DATE SIGNED:		

SECTION 3: AUTHORIZED DELEGATES

AUTHORIZED DELEGATE			
SIGNATURE	PRINT OR TYPE NAME	PRINT OR TYPE TITLE	DATE SIGNED
Authorized to Sign: Original/Revised Application (Initial and Date)	Authorized to Sign: Contracts/Amendments (Initial and Date)	Authorized to Sign: Vouchers/Budget Revisions (Initial and Date)	

AUTHORIZED DELEGATE			
SIGNATURE	PRINT OR TYPE NAME	PRINT OR TYPE TITLE	DATE SIGNED

AUTHORIZED DELEGATE		
Authorized to Sign: Original/Revised Application (Initial and Date)	Authorized to Sign: Contracts/Amendments (Initial and Date)	Authorized to Sign: Vouchers/Budget Revisions (Initial and Date)

Exhibit A

Bidder Certification

Proclamation 21-14 - COVID-19 Vaccination Certification

To reduce the spread of COVID-19, Washington state Governor Jay Inslee, pursuant to emergency powers authorized in [RCW 43.06.220](#), issued [Proclamation 21-14 – COVID-19 Vaccination Requirement](#) (dated August 9, 2021), as amended by [Proclamation 21-14.1 – COVID-19 Vaccination Requirement](#) (dated August 20, 2021) and as may be amended thereafter. The Proclamation requires contractors who have goods, services, or public works contracts with a Washington state agency to ensure that their personnel (including subcontractors) who perform contract activities on-site comply with the COVID-19 vaccination requirements, unless exempted as prescribed by the Proclamation.

Department of Health RFA Title

YCCTPP RFA – Community

I hereby certify, on behalf of the firm identified below, as follows (check one):

BIDDER HAS A COVID-19 CONTRACTOR VACCINATION VERIFICATION PLAN THAT COMPLIES WITH THE VACCINATION PROCLAMATION. Bidder:

1. Has reviewed and understands Contractor's obligations as set forth in [Proclamation 21-14 – COVID-19 Vaccination Requirement](#) (dated August 9, 2021), as amended by [Proclamation 21-14.1 – COVID-19 Vaccination Requirement](#) (dated August 20, 2021);
2. Has developed a COVID-19 Vaccination Verification Plan for Contractor's personnel (including subcontractors) that complies with the above-referenced Proclamation;
3. Has obtained a copy or visually observed proof of full vaccination against COVID-19 for Contractor personnel (including subcontractors) who are subject to the vaccination requirement in the above-referenced Proclamation;
4. Complies with the requirements for granting disability and religious accommodations for Contractor personnel (including subcontractors) who are subject to the vaccination requirement in the above-referenced Proclamation;
5. Has operational procedures in place to ensure that any contract activities that occur in person and on-site at Agency premises (other than only for a short period of time during a given day and where any moments of close proximity to others on-site will be fleeting – e.g., a few minutes for deliveries) that are performed by Contractor personnel (including subcontractors) will be performed by personnel who are fully vaccinated or properly exempted as required by the above-referenced Proclamation;
6. Has operational procedures in place to enable Contractor personnel (including subcontractors) who perform contract

