**Appendix D: Letter of Intent (LOI) Template**

**Reminder:** The Letter of Intent is due **Friday, January 14 at 8:00 AM PST.**

The first step in the application process, interested parties must submit a Letter of Intent that describes their intent to apply for funding to address youth cannabis & commercial tobacco use within their community or priority population. The LOI must not exceed one page and must state which community (based on the Accountable Communities of Health regions) or priority population they hope to work with if they are awarded funding. In addition to the letter, the interested parties must complete the check list of assurances for the application (see attached). Please submit the LOI and the checklist of assurances to Heidi Glesmann, the RFA Coordinator at heidi.glesmann@doh.wa.gov. You will then receive a confirmation that it has been received, along with a link to the **mandatory applicant conference call**, scheduled for January 14th at 11:00 AM PST. If you do not receive confirmation from Heidi by the deadline, please contact her at 564-201-0034.

**Letter of Intent Template:**

*[Date]*

*To Whom it May Concern,*

*I am writing this letter on behalf of [Name of Organization], to notify the Youth Cannabis & Commercial Tobacco Prevention Program at the Department of Health of our intent to apply for funding to address youth cannabis & commercial tobacco use within the [community/priority population] in Washington State.*

*Attached is the completed list of assurances for the Letter of Intent.*

*Thank you for your time and we look forward to learning more at the conference call.*

*Sincerely,*

*[Signature]*

**Letter of Intent**

 **List of Assurances**

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| 🞏 | We assure that we have reviewed the Requesting for Funding Application Guidance.  |
| 🞏 | We assure that we understand that the application is for **both cannabis and commercial tobacco.** This includes both state funding as well as CDC tobacco funds. We understand that if we can only do work in cannabis or tobacco, we can partner with another organization and apply jointly.  |
| 🞏 | We assure that we have reviewed the approach section of the application and the documents that the YCCTPP use as a framework in their approach to cannabis and commercial tobacco prevention.  |
| 🞏 | We assure that we have reviewed YCCTPP’s program goals and long-term objectives regarding cannabis and commercial tobacco use and prevention.  |
| 🞏 | We assure that we meet the requirements and expectations of the lead community organization.  |
| 🞏 | We assure that we understand the DOH’s roles and responsibilities to support the lead community organizations. |
| 🞏 | We agree to utilize the Strategic Planning Framework in our application and workplan.  |
| 🞏 | We agree to choose or already have a health equity principle to follow to make sure we are addressing health equity and ensure effective and equitable implementation. |
| 🞏 | We agree to focus on policy, systems, and environmental change within our application and workplan.  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_