**APPLICATION CHECKLIST**

Check each box below as you complete the section. All items must be checked, completed, and included for the application to be accepted.

**Items I – VII.**

1. [ ]  YCCTPP Practice Collaborative Request for Funding Application Face Sheet
2. [ ]  COVID Vaccination Certification
3. [ ]  Delegation of Signature Authority
4. [ ]  YCCTPP Practice Collaborative Application

**Appendix:**

 A. YCCTPP Practice Collaborative Statement of Work

**YCCTPP Practice Collaborative Request for Funding Application Face Sheet**

|  |  |
| --- | --- |
| Name of Organization |  |
| Address |  |
| Primary Point of Contact |  |
| Title |  |
| Telephone |  |
| Email |  |
| Tax Identification Number (TIN) |  |
| UBI Number |  |
| AGENCY’S FISCAL YEAR BEGINS |  |
| Proposed Budget  |  |

Print Name of Authorized Signatory

Signature of Authorized Signatory

Title/Date

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

1. **Delegation of Signature Authority**
2. 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, 2021 |
| NAME OF PROGRAM | CONTRACT NUMBER(S) |
| Youth Cannabis & Commercial Tobacco Prevention Program | NA |

1. 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 |
| --- |
| ***Mary Schumaker MS*** | Mary Schumaker | Executive Director |
| **SIGN AND INITIAL** | **PRINT OR TYPE NAME** | **PRINT OR TYPE TITLE** |
| **DATE SIGNED:** 11/01/2021 |

1. 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 |
| --- |
| ***Lester Williams*** | Lester Williams | Budget Director | 11/01/2021 |
| **SIGNATURE** | **PRINT OR TYPE NAME** | **PRINT OR TYPE TITLE** | **DATE SIGNED** |
|  | ***LW*** 11/01/21 | ***LW*** 11/01/21 |
| 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) |
| YCCTPP Practice Collaborative  | 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 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*](https://app.leg.wa.gov/RCW/default.aspx?cite=43.06.220)*, issued* [*Proclamation 21-14 – COVID-19 Vaccination Requirement*](https://www.governor.wa.gov/sites/default/files/proclamations/21-14%20-%20COVID-19%20Vax%20Washington%20%28tmp%29.pdf) *(dated August 9, 2021), as amended by* [*Proclamation 21-14.1 – COVID-19 Vaccination Requirement*](https://www.governor.wa.gov/sites/default/files/proclamations/21-14.1%20-%20COVID-19%20Vax%20Washington%20Amendment.pdf) *(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 Practice Collaborative**  |

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*](https://www.governor.wa.gov/sites/default/files/proclamations/21-14%20-%20COVID-19%20Vax%20Washington%20%28tmp%29.pdf) *(dated August 9, 2021), as amended by* [*Proclamation 21-14.1 – COVID-19 Vaccination Requirement*](https://www.governor.wa.gov/sites/default/files/proclamations/21-14.1%20-%20COVID-19%20Vax%20Washington%20Amendment.pdf) *(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 activities on-site and at Agency premises to provide compliance documentation that such personnel are in compliance with the above-referenced Proclamation;
	7. Will provide to Agency, upon request, Contractor’s COVID-19 Vaccination Verification Plan and related records, except as prohibited by law, and will cooperate with any investigation or inquiry pertaining to the same.

or

* *Bidder Does Not Have A COVID-19 Contractor Vaccination Verification Plan*. Bidder does not have a current COVID-19 Contractor Vaccination Verification Plan and, if designated as the Apparent Successful Bidder, Bidder would not be able to develop and provide a COVID-19 Contractor Vaccination Verification Plan to ensure that Bidder’s personnel meet the COVID-19 vaccination requirements as set forth in the above-referenced Proclamation and provide the same to Agency within twenty-four (24) hours of such designation. [Note: Compliance with the Proclamation is mandatory. Bidders/Contractors who are not able to perform in compliance with the Vaccination Proclamation will not be evaluated.]

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

|  |
| --- |
| Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Bidder – Print full legal entity name of firm |
| By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of authorized personTitle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title of person signing certificateDate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name of person making certifications for firmPlace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print city and state where signed |

**Return to Procurement Coordinator with bid response.
Failure to submit will result in disqualification.**