

## Request for Funding Application

**GRANT TITLE:** Youth Cannabis & Commercial Tobacco Prevention Program (YCCTPP) – Priority Populations

**LETTER OF INTENT DUE DATE:** January 14, 2022 by 8:00 am

**GRANT APPLICATION DUE DATE:** February 7, 2022 by 8:00 am

**BUDGET YEAR 1:** CDC Tobacco Funds: April 29<sup>th</sup>, 2022 – April 28<sup>th</sup>, 2023  
State Funds: July 1<sup>st</sup>, 2022 – June 30<sup>th</sup>, 2023

**FULL BUDGET TIMELINE:** pending annual review and continuation of funds, renewals, CDC tobacco funds through April 29<sup>th</sup>, 2027 and State funds through June 30<sup>th</sup>, 2027

**ESTIMATED FUNDING PER POPULATION- YEAR 1:** minimum 5 recipients, receiving  
CDC Tobacco Funds: \$30,000/grantee  
State Funds: \$201,110/grantee

**ESTIMATED FUNDING PER POPULATION – YEARS 2-5:**

CDC Tobacco Funds: \$30,000/grantee/year  
State Funds: \$201,110/grantee/year

**ELIGIBLE COMMUNITY ORGANIZATIONS:** Local Health Jurisdictions, Tribes, local Tribal entities, Accountable Communities of Health, community-based organizations, county governments, municipalities, and other health-related entities that conduct public health strategies

**Request for Funding Application (RFA) Schedule/Timeline:**

Applicant must meet assurances listed in the template to be considered for funding. The following are estimated due dates. The terms and dates listed are subject to change at the sole discretion of the Department of Health (DOH). DOH reserves the right to amend the schedule at any time and for any reason. Any such amendment will be distributed in the same manner as the original offering. Vendors/entities are responsible for downloading any amendments as they are sent out. DOH is not responsible for any misplaced or misdirected documentation.

Applicants are encouraged to submit questions at any time, up to January 28, 2022 by 5:00 PM. Every Monday, DOH will email responses to Frequently Asked Questions (FAQs) to all applicants. DOH will use the webinar on January 14, 2022, to verbally explain the RFA and budgeting materials, and respond to initial questions.

<b>RFA RELEASE DATE:</b>	<b>January 10, 2022</b>
<b>LETTER OF INTENT DUE DATE*:</b> *Applications will NOT be reviewed if LOI is not submitted	<b>January 14, 2022 8:00 AM</b>
MANDATORY APPLICANT CONFERENCE CALL	January 14, 2022 11:00 AM – 1:00 PM You will receive a separate e-mail Teams invitation
FAQ RESPONSES SENT TO APPLICANTS:	January 17, 24, 31, 2022
<b>FUNDING APPLICATION DUE DATE:</b>	<b>February 7, 2022 8:00 AM</b>
EVALUATION AND SCORING PERIOD:	February 7, 2022- February 21, 2022
NOTIFICATION OF CONTRACT AWARDS:	February 22-25, 2022* *once evaluation has been completed
ANTICIPATED PROJECT START DATE:	April 29, 2022 / July 1, 2022

RFA Coordinator: Heidi Glesmann

Department of Health, Office of Healthy and Safe Communities

[Heidi.glesmann@doh.wa.gov](mailto:Heidi.glesmann@doh.wa.gov)

All communication about this RFA must be via email and directed only to the RFA Coordinator listed above. All email correspondence must include **“Response to YCCTPP-RFA”** in the subject line.

### **1. Introduction and Purpose**

The Department of Health (DOH) announces a *Request for Application* funding opportunity for multiple organizations in Washington State. Youth Cannabis and Commercial Tobacco Prevention Program (YCCTPP) will provide funds to implement policy, systems, and environmental changes to address youth cannabis and commercial tobacco use in one of the state’s five priority populations. Successful applicants must demonstrate they are trusted by and have experience providing youth prevention/health promotion services and/or supports for one of the following priority populations (experience in youth substance use prevention is preferred):

- Black/African American
- American Indian/Alaska Native
- Asian/Pacific Islander
- Latinx/Hispanic
- Lesbian/Gay/Bisexual/Transgender/Questioning

The selected organizations will build capacity and implement a work plan to prevent initiation and reduce cannabis and commercial tobacco use by youth, ages 12-20, and support adults who influence these youth within the one of the five priority populations listed above. Applications that focus only on either cannabis or commercial tobacco prevention and control will not be accepted. Organizations that focus on only commercial tobacco or cannabis may partner with another organization that does and apply together for funding.

Successful applicants will demonstrate the ability to plan, coordinate and/or conduct the following activities within the priority population they intend to serve in Washington State:

- Identify and evaluate substance abuse prevention needs and trends within the priority population.
- Conduct needs assessment, identifying youth substance use/cannabis and commercial tobacco prevention needs within the selected priority population throughout WA State.
- Implement policy, systems, and environmental changes to address youth cannabis and commercial tobacco use.
- Implement effective substance abuse strategies and proven prevention approaches.
- Engage community stakeholders, including existing coalitions like Accountable Communities of Health (ACH), Community Prevention and Wellness Initiative (CPWI), Drug Free Community Support Program (DFC), Educational Service Districts (ESD), Tribal Prevention and Wellness Initiative (TPWI), and community-based organizations to collaborate to prevent youth initiation of cannabis or commercial tobacco.

- Implement strategies to reduce youth access and availability to cannabis, commercial tobacco, e-cigarette and vaping device products.
- Implement strategies that restrict access, and use of cannabis, commercial tobacco, e-cigarettes and/or vapor devices at public and/or community events.
- Implement strategies to increase the perception of harm of cannabis, commercial tobacco (including e-cigarettes and vapor products) use among youth.
- Implement strategies to decrease favorable attitudes toward drug use laws and norms.
- Educate community stakeholders, existing coalitions, leaders, decision makers on the historical context of cannabis and commercial tobacco use in society and the negative impact it had on BIPOC and other marginalized communities.
- Educate retailers about the new state and federal laws regarding cannabis and commercial tobacco.
- Develop youth leaders who work to create healthier communities and improve youth health outcomes utilizing protective factors.
- Educate leaders and decision makers in their community on how cannabis and commercial tobacco impacts them.
- Educate healthcare systems, community stakeholders, community leaders and decision makers, existing coalitions and community-based resources about commercial tobacco cessation treatments.
- Educate youth and influential adults about the health effects of cannabis and commercial tobacco, and about the new state and federal laws through earned media and other health communications interventions.
- Collaborate with current contractors including but not limited to, fellow priority population contractors, community, tailored media and statewide media contractors in statewide prevention efforts of youth cannabis and commercial tobacco use.
- Support tailored media and statewide media contractors through feedback, guidance and technical assistance regarding communication, messaging, and/or other assets for youth, their caregivers, and other influential adults regarding cannabis and commercial tobacco use (including e-cigarette and vapor device products). Work closely with tailored media contractors to ensure efforts are aligned/complimentary to their designated priority population.
- Remain current on the latest research and/or trends in substance use prevention, the health impact of cannabis and commercial tobacco use, and research-based, evidence-based, or culturally appropriate promising practices for addressing substance use within the selected priority population.

This Request for Applications (RFA) process will determine the successful bidders for this funding opportunity. **Eligible community organizations include:** Local Health Jurisdictions, Tribes, local Tribal entities, Accountable Communities of Health, Educational Service Districts, community-based organizations, county governments, municipalities, and other health-related entities that conduct public health strategies.

*A note on language:* Some American Indian tribes use tobacco as a sacred medicine and in ceremony to promote physical, spiritual, emotional, and community well-being. This traditional tobacco is different from commercial tobacco, which is tobacco that is manufactured and sold by the commercial tobacco industry, and is linked to addiction, disease, and death. “Commercial” tobacco has been added to the Washington State Tobacco Prevention Program’s name, and is used throughout this document, in order to acknowledge and honor the use of traditional tobacco and distinguish between the two.

**Commercial tobacco** includes any product that contains tobacco and/or nicotine, such as cigarettes, cigars, electronic cigarettes, hookah, pipes, smokeless tobacco, heated tobacco, and other oral nicotine products. Commercial tobacco does not include FDA-approved nicotine replacement therapies such as nicotine patches or gum. Additionally, the term “e-cigarettes” in this report refers to any electronic nicotine delivery device.

## **2. Background**

Youth Cannabis and Commercial Tobacco Prevention Program (YCCTPP) is a consolidation of the Commercial Tobacco Prevention Program (CTPP) and the Youth Marijuana Prevention and Education Program (YMPEP).

### **Commercial Tobacco Prevention Program (CTPP):**

The Youth Tobacco and Vapor Product Prevention Account (RCW 70.155.120) is generated by fines and fees paid by tobacco and vapor product retailers. As a provision of this account, *“(5) The department of health shall, within up to seventy percent of available funds, provide grants to local health departments or other local community agencies to develop and implement coordinated tobacco and vapor product intervention strategies to prevent and reduce tobacco and vapor product use by youth. During the 2019-2021 fiscal biennium, the department of health shall, within up to seventy-seven percent of available funds, provide grants to local health departments or other local community agencies to develop and implement coordinated tobacco and vapor product intervention strategies to prevent and reduce tobacco and vapor product use by youth.”*

The second source of funding is through a cooperative agreement awarded to DOH from the Center of Disease Control and Prevention (CDC) and Office of Smoking and Health (OSH)’s [\*DP20-2001: National and State Tobacco Control Program\*](#). The CDC and OSH requires that a portion of these funds be distributed to community partners. The funding supports the implementation of evidence-based policy, system, and environmental interventions, strategies, and activities to reduce tobacco use among youth and adults, secondhand smoke exposure, tobacco-related disparities, and associated disease, disability, and death.

### **Youth Marijuana Prevention and Education Program (YMPEP):**

In 2012, Washington state voters legalized recreational use of marijuana through Initiative 502. The provisions approved by this initiative became part of Revised Code of Washington (RCW) Chapter 69.50 (Uniform Controlled Substances Act).

According to RCW 69.50.540 subsection 2(b)(i), the Washington State Department of Health (DOH) must develop and implement:

1. A marijuana use public health hotline that provides referrals to substance abuse treatment providers, utilizes evidence-based or researched-based public health approaches to minimizing the harms associated with marijuana use, and does not solely advocate an abstinence-only approach.
2. *A grants program for local health departments or other local community agencies that supports development and implementation of coordinated intervention strategies for the prevention and reduction of marijuana use by youth. (This is what this funding opportunity is focusing on)*

- Media-based education campaigns across television, internet, radio, print, and out-of-home advertising, separately targeting youth and adults, that provide medically and scientifically accurate information about the health and safety risks posed by marijuana use.

### Youth Substance Use in Washington State

The Washington Healthy Youth Survey (HYS) demonstrates a number of disparities (differences) in youth cannabis and commercial tobacco use prevalence by racial/ethnic groups, academic success, and social experience. In 2018, 10<sup>th</sup> graders who identified as Black or African American, Hispanic or Latinx, Native Hawaiian or Pacific Islander, and American Indian or Alaskan Native had significantly higher past-30 day cannabis and cigarette use. (Note: Although students who identified as Asian or Asian American had lower past 30-day for cannabis, commercial tobacco, and e-cigarette use, the average may mask the differences in the many ethnic groups that are represented within the Asian community.)

In addition to the disparities listed above, LGBTQ (Lesbian, Gay, Bisexual and Questioning) youth, youth who struggle academically and youth who have been bullied in the past month have a higher rate of substance use. The table below breaks down the HYS data from 2018 for 10<sup>th</sup> grade substance use rates for cannabis, commercial tobacco, and e-cigarettes for that state of Washington:

	<b>Marijuana Use</b>	<b>Cigarette Use</b>	<b>E-Cigarette Use</b>
Statewide Average	17.9%	5.0%	21.2%
American Indian/Alaska Native	24.0%	9.9%	28.1%
Black/African American	20.7%	7.8%	19.3%
Hispanic/Latinx	21.6%	5.2%	21.3%
Asian/Asian American	7.8%	2.4%	11.2%
Native Hawaiian/Pacific Islander	20.5%	8.1%	20.4%
Multiracial	18.8%	6.0%	21.9%
LGBTQ	27.1%	10.5%	30.4%
Struggling in School	29.7%	9.2%	30.5%
Bullied in the Past Month	25.8%	10.4%	32.3%

E-cigarette and vaping device use continue to be on the rise in Washington youth. In 2014, HYS showed that 18% of WA state 10<sup>th</sup> grade youth reported using e-cigarettes or vaping devices in the past 30 days, and in 2018 it had increased to 21.2%. A number of WA State school districts are reporting that youth are using these devices for nicotine, AND to vaporize marijuana products and other drugs. The latest HYS data reports that 56% of 10<sup>th</sup> grade youth who use e-cigarettes reported using e-cigarettes or vape products with nicotine, 20.5% using products with THC, 32.7% using products with just flavoring, and 10.3% using products they didn't know what it contained.

### Influential Adult Substance Use in Washington State

Adults in the community are influential to youth as their actions are a model and can normalize specific behaviors that can be harmful to their health at their age. This includes substance use, like cannabis and commercial tobacco.

With the legalization of recreational and medicinal cannabis in Washington, this has led to an increased rate of use in adults, with a higher rate of cannabis use in the last 30-days in communities of color, LGBTQ+ communities, having an income of less than \$35,000 annually, those living with a disability, and with relatively poor mental health, per the Behavior Risk Factor Surveillance Survey (BRFSS).

While the number of adults in Washington who smoke cigarettes has been on the decline in the past 20 years since the creation of the Tobacco Prevention and Control Program in 1999, the smoking rates does not factor in commercial tobacco use rates for priority populations (BIPOC and LGBTQ+ communities). According to the Behavior Risk Factor Surveillance Survey (BRFSS), these rates are higher than the current smoking rate (see table below), as well as higher rates of commercial tobacco use for those who live with a disability, have an income of less than \$35,000 annually, reporting adverse childhood experiences, and having relatively poor mental health. Each year, cigarette smoking kills about 8,300 adults in Washington state. Health care costs directly caused by cigarette smoking are estimated to be \$2.8 billion annually. Cigarette smoking also leads to other costs such as workplace productivity losses. Additionally, there are costs related to non-cigarette commercial tobacco product use, exposure to secondhand smoke, and smoking-caused fires.

(Note: Although adults who identified as Asian or Pacific Islander had lower past 30-day for cannabis, commercial tobacco, and e-cigarette use, the average may mask the differences in the many ethnic groups that are represented within the Asian community.)

	<b>Adult Cannabis Use</b>	<b>Adult Cigarette Use</b>	<b>Adult E-Cigarette Use</b>
Statewide Average	17.2%	11.5%	5.2%
American Indian/Alaska Native	21.6%	30.3%	--
Black/African American	14.4%	15.9%	7.2%
Hispanic/Latinx	12.8%	9.4%	4.1%
Asian/Pacific Islander	9.0%	8.3%	3.7%
Multiracial	28.6%	18.5%	7.3%
LGBQ	40.1%	16.8%	14.6%
Rural	---	14.3%	5.1%
Income < 35,000	24.3%	21.8%	7.8%
3 or more ACES (Adverse Childhood Events)	---	--	10.3%
Poor Mental Health	32.4%	24.8%	11.2%

Living with a Disability	23.7%	19.5%	8.2%
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## COVID-19 and Substance Use

Since January 2020, the COVID-19 pandemic has been in the forefront of public health's focus and has a disproportionate burden on BIPOC communities in the United States, with an increased number of hospitalizations and deaths in American Indians, Alaska Natives, Black Americans, and Latinx Americans. The CDC reports that using commercial tobacco is harmful to the body, causing diseases like cancer, heart disease, lung disease, stroke, diabetes, chronic obstructive pulmonary disease (COPD), and can increase the risk of diseases including tuberculosis and problems in the immune system. This list has a large overlap with underlying medical conditions associated with higher risk of severe COVID-19 ([Source](#)). Addressing commercial tobacco use and the use of e-cigarettes and vapor products necessary in this pandemic to not only prevent youth from initiating use and increasing their risk of developing severe COVID-19 but assisting those who already use commercial tobacco to quit and decrease their risk.

Efforts to decrease cannabis and commercial tobacco disparities, increase the perception of harm of cannabis and commercial tobacco (including e-cigarettes and vapor products) use among youth, increase support for cannabis, commercial tobacco-use, and vaping/e-cigarette laws and prevention norms, and decrease of access and availability of cannabis, commercial tobacco and e-cigarette/vaping devices by youth, **focusing on equitable policy, systems, and environmental changes**, are needed.

## Approach

The YCCTPP's approach is to reduce initiation and use of cannabis and commercial tobacco (including e-cigarette and vapor products) through [policy, systems, and environmental system changes](#) using the equitable frameworks incorporated with the following documents:

- [Washington State Commercial Tobacco Prevention and Control Five Year Strategic Plan](#): The Washington State Commercial Tobacco Prevention Program worked with the broader Washington Tobacco Prevention and Control Community to create the 2021-2025 strategic plan aimed at addressing the commercial tobacco/nicotine epidemic in Washington State.
- [CDC's Best Practices for Comprehensive Tobacco Control Programs \(2014\)](#)
- [CDC's Community Guide: The Guide to Community Preventative Services](#)
- [CDC's Best Practices for Health Equity in Tobacco Prevention and Control \(2015\)](#)
- [CDC's Best Practices for Youth Engagement in Tobacco Prevention and Control \(2019\)](#)
- [CDC's Cannabis Strategy at a Glance: Fiscal Years 2020-2025](#)
- [University of Washington Alcohol & Drug Abuse Institute](#)
- [Institute of Medicine Classification System for Types of Prevention](#)
- [A Guide to SAMHSA'S Strategic Prevention Framework \(2019\)](#)
- [The Social-Ecological Model: A Framework for Prevention](#)
- [Pulling Together for Wellness: A Tribally driven Framework](#)
  - [Implementation Guide of Pulling Together for Wellness](#)
- [State Prevention Enhancement \(SPE\) Policy Consortium](#)

- [Othering & Belonging Institute](#)
- [Social Determinants of Health](#)
- [Washington State Office of Equity](#)

### **3. DOH Youth Cannabis & Commercial Tobacco Prevention Program Goals and Long-Term Objectives**

#### **CTPP:**

The goal of the DOH’s CTPP is to reduce initiation and use of tobacco by youth and among populations most adversely affected by commercial tobacco throughout Washington State.

The Washington State Commercial Tobacco Prevention Program worked with the broader Washington tobacco prevention and control community to create the 2021-2025 strategic plan aimed at addressing the tobacco/nicotine epidemic in Washington State. The Washington tobacco prevention and control community believes in a comprehensive and integrated approach to achieve the following four goals:

- Reduce commercial tobacco-related disparities among priority populations.
- Prevent commercial tobacco use among youth and young adults with emphasis on e-cigarettes
- Leverage resources for promoting and supporting commercial tobacco dependence treatment.
- Eliminate exposure to secondhand smoke and electronic cigarette emissions.

Each goal area includes specific strategies and tactics requiring a collective effort and continuous collaboration and involvement from advocates, health care providers, government and education sectors, non-government organizations, and individuals. For more information regarding these specific strategies and tactics, please refer to the [2021-2025 Washington State Commercial Tobacco Prevention and Control 5-Year Strategic Plan](#).

#### **YMPEP:**

The goal of the DOH’s YMPEP is to reduce initiation and use of marijuana by youth (ages 12-20), especially among populations most adversely affected by marijuana use throughout Washington State.

The long-term objectives of the program are to:

- Decrease percentage of all 10th grade students (statewide) who have used marijuana on at least one day in the past 30 days.
- Decrease percentage of 10th grade students who have used marijuana on at least one day in the past 30 days in African American/Black, Latino/Hispanic, Asian/Pacific Islander, American Indian/Alaska Native, and LGBTQ population.
- Decrease the percentage of 10th grade students who first used marijuana before they were 14 years old.

### **4. Expectations of Community Lead Organizations**



The Department of Health (DOH) will fund local lead organizations to develop and implement a regionally coordinated Youth Cannabis & Commercial Tobacco Program (YCCTPP) that prevents and reduces cannabis and commercial tobacco use by youth in their chosen priority population.

Each lead organization will serve one of the five priority populations. They will lead their community partners to develop and implement a cannabis and commercial tobacco prevention and education program that will prevent the initiation and reduction of cannabis and commercial tobacco use by youth. Programs must demonstrate the ability to address the goals and objectives of the DOH- Cannabis & Commercial Tobacco Prevention Program (Section 3 above) with an emphasis on the higher prevalence of cannabis and commercial tobacco use by priority population youth.

In addition, applicants will be encouraged to provide an overview for how they plan to engage coalitions in their communities, like Accountable Communities of Health (ACH), Community Prevention and Wellness Initiative (CPWI), Drug Free Community Support Program (DFC), Educational Service Districts (ESD), Health Equity Zones (HEZ), and Tribal Prevention and Wellness Initiative (TPWI) in their youth cannabis and commercial tobacco prevention program (see Appendix A for full list of partners in each geographic region). The applicant should demonstrate how the group will be engaged and how the partnership will be utilized in the development of the prevention plan and implementation of work.

DOH will fund multiple local lead organizations, at minimum one for each priority population that will:

A. Fulfill Project Administration Roles and Responsibilities

- Hire or assign project staff;
- Dedicate staff and resources to implement projects
- Assure all staff working with youth has an acceptable criminal background check on file.
- Participate in a quarterly meeting with State YCCTPP contractors hosted by the DOH.
- Provide workforce development training, technical assistance and support to project partners as needed.
- Attend a one-day workshop with other Department of Health YCCTPP contractors to receive orientation and foster collaboration (Year 1 only. Travel paid by DOH).
- Ensure staff remains current with the latest research and/or trends in substance abuse prevention, the health impact of cannabis and commercial tobacco use and research-based, evidence-based, or culturally appropriate promising practices for addressing substance use in priority populations.
- Submit accurate and complete reports, per guidance and deadlines provided by the DOH.

B. Meet Evaluation Requirements

- Participate in performance measure data collection activities in collaboration with DOH.
- Participate in project evaluation activities developed and coordinated by DOH.

- Participate in the recruitment of Healthy Youth Survey participation with school districts in Washington State.
  - Maintain participant confidentiality.
- C. Coordinate the development and implementation of the YCCTPP program. Program to be outlined in the work plan template, provided by the DOH.
- Workplan must focus on the YCCTPP’s goals through the implementation of policy, systems, and environmental change, including:
    - Policy, planning, development, and implementation;
    - Policymaker outreach and education;
    - Community outreach and education, including collaboration with existing coalitions and community-based resources; and
    - Conduct retailer education to raise awareness about minimum age requirements.
  - Workplan must have an equitable lens with the Strategic Planning Framework (SPF) that includes equitable principles the contractor will follow. Principles can be ones that the contractor’s organization already adopted or utilize a set of principles listed (see *approach in section 2* for more information on each framework):
    - Pulling Together for Wellness: A Tribally driven Framework
    - Social Determinants of Health
    - Othering & Belonging Institute
    - CDC’s Best Practices for Health Equity in Tobacco Prevention and Control (2015)

**5. Funding**

Funding is provided by the CDC, OSH, WA State Dedicated Marijuana Account, and the WA state Youth Tobacco and Vapor Account, allocated for the 2022-2023 fiscal year, and after annual review, for up to 5 years in total. The Department has budgeted a set amount per state fiscal year to support cannabis and commercial tobacco youth prevention and education activities for at least one of each of the following priority population communities below.

- Black/African American
- Asian/Pacific Islander
- American Indian/Alaska Native
- Hispanic/Latinx
- Lesbian/Gay/Bisexual/Transgender/Questioning

Priority Population	Allocation for CDC Funds	Allocation for YTVF Funds	Allocations for DMA Funds	Total Allocations
<b>Black/African American</b>	\$30,000	\$51,110	\$150,000	\$231,110
<b>Asian/Pacific Islander</b>	\$30,000	\$51,110	\$150,000	\$231,110
<b>American Indian/Alaska Native</b>	\$30,000	\$51,110	\$150,000	\$231,110
<b>Hispanic/Latinx</b>	\$30,000	\$51,110	\$150,000	\$231,110

<b>Lesbian/Gay/Bisexual Transgender/Questioning</b>	\$30,000	\$51,110	\$150,000	\$231,110
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The Department of Health reserves the right to have multiple contracts within a priority population or negotiating the geographic location of focus for an existing applicant if gaps in resources and prevention services for cannabis and commercial tobacco are identified. The department anticipates multiple contracts overall in any geographic region or demographic area to meet the needs of the population.

An additional \$100,000 will be available to support contractors if their expertise is requested for consultation to support to Department staff, regional contractors, and statewide and priority population media contractors upon request.

Should anymore additional federal or state funds from CDC, OSH, “Dedicated Marijuana Account” or the “Youth Tobacco and Vapor Account” be allocated to the DOH, the amount awarded may be supplemented and contracts amended accordingly.

#### **6. Roles and Responsibilities of Department of Health to Support Lead Community Organizations**

DOH will support YCCTPP lead organizations by providing:

- A. Contract oversight and point of contact for overall project coordination, technical assistance, and facilitation of project communication.
- B. Templates for work plan, needs assessment, project deliverables with reporting requirements.
- C. Technical assistance on meeting project goals, objectives, and activities related to:
  - Completing a population needs assessment using template and supporting materials provided by the DOH.
  - Identifying culturally and linguistically appropriate evidence-based, evidence-informed, or promising programs.
  - Developing and adapting project materials so they are culturally and linguistically appropriate using Cultural and Linguistically Appropriate Services (CLAS) standards <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.
  - Providing relevant resources and training.
  - Meeting performance measure, evaluation, and data collection requirements.
  - Developing work plans and logic models.
  - Obtaining approval from Department of Health staff on grant related activities and products.

#### **7. Letter of Intent Requirements**

The first step in the application process is to submit a Letter of Intent (LOI). **A template is provided in Appendix D. The LOI must include all information included on the template, including the “Checklist of Assurances.”**

The Letter of Interest must be received by **8:00 AM on January 14, 2022. Submit via email to [heidi.glesmann@doh.wa.gov](mailto:heidi.glesmann@doh.wa.gov) and place “YCCTPP LOI” in the subject line.** The LOI should be in PDF file format and attached to the email. A confirmation email will be sent to the designated organization contact upon receipt of the Letter of Intent. Please contact RFA Coordinator Heidi Glesmann at (564) 201-0034 if you have submitted a Letter of Intent and do not receive confirmation by January 14, at 8:00 AM.

All organizations who have submitted an LOI indicating that they meet **all** items on the *Checklist of Assurances* by checking all boxes can submit an RFA. Organizations **must** submit an LOI in order for the RFA to be considered.

### **8. Funding Application Requirements**

A complete application must be submitted by February 7<sup>th</sup>, 2022 by 8:00 AM PST. Please include all the following items:

**1. Funding Application: (10 Page Limit)**

**a. Introduction:**

- i. Provide a brief summary of the proposed project(s), the overall approach, and strategies to reduce initiation and prevention of cannabis and commercial tobacco use by youth (ages 12-20) and support adults who influence youth.

**b. Cannabis:**

- i. *Community Need:* Demonstrate the community/population’s need for the proposed project(s) through data and assessment showing high burden of cannabis use and risk factors related to cannabis use. Please include any historical context, opportunities for change, and community support for strategies.
- ii. *Community Engagement:* Describe the approach your entity will take to ensure community engagement throughout the grant to help in planning, implementation and evaluating activities. Include plans for communicating with the community. Describe your organization’s approach that will foster collaboration. Explain any plans to collaborate and engage with or current collaborations with youth service providers (such as those listed below) to address youth substance use and prevention efforts, to create policy, systems & environmental change, educate policymakers, conduct and develop and engage youth leaders. Indicate which organizations have included Letters of Support or Commitment and their role in the project.
  1. Community based organizations
  2. Community mobilization efforts such as youth substance abuse prevention coalitions.
  3. K-12 schools, alternative high schools, and institutions of higher learning and training.
  4. Tribal and Urban Indian youth or health programs.

5. City/County government or Local Health Departments/ Jurisdiction programs
  6. Juvenile justice system/law enforcement
- iii. *Equity*: Describe how your organization has demonstrated a meaningful commitment and capacity to reduce health disparities. Describe previous or current projects that have engaged priority populations or made an impact in reducing health disparities. Indicate any equity frameworks used by your organization currently.
  - iv. *Approach*: Describe why your entity has chosen the projects and strategies for the first year, and how you will address them. Describe who will be served by the project and how this approach will reduce the disparity gap in health outcomes and risk factors. Describe how the organization would continue and expand the work through 2027, expanding implementation of projects and strategies.
  - v. *Outcomes*: Describe potential outcomes of the chosen projects and strategies in the first year, and if the outcome is measurable. If the work was expanded through 2027, please describe potential outcomes, including any policy, systems and environmental changes by the end of the project.
  - vi. *Policy, Systems & Environmental (PSE) Work*: Describe any Policy, Systems, or Environmental gaps present in your community/population and your approach to addressing them. Describe previous or current projects that focus on PSE work or made an impact on PSE in your community/population.
  - vii. *Sustainability*: Describe factors of your approach that will foster sustainability. For instance, funding commitments from other organizations; opportunities unique to your community/population that will shepherd change (ie growing population, increased political capital, upcoming policy windows, new or renewed community engagement); or other.
- c. Commercial Tobacco:
- i. *Community Need*: Demonstrate the community/population's need for the proposed project(s) through data and assessment showing high burden of cannabis use and risk factors related to cannabis use. Please include any historical context, opportunities for change, and community support for strategies.
  - ii. *Community Engagement/Collaboration*: Describe the approach your entity will take to ensure community engagement throughout the grant to help in planning, implementation and evaluating activities. Include plans for communicating with the community. Describe your organization's approach that will foster collaboration. Explain any plans to collaborate and engage with or current collaborations with youth service providers (such as those listed below) to address youth substance use and prevention efforts, to create policy, systems, and environmental change, educate policymakers, conduct and develop and engage youth leaders. Indicate which organizations have included Letters of Support or Commitment and their role in the project.
    1. Community based organizations

2. Community mobilization efforts such as youth substance abuse prevention coalitions.
  3. K-12 schools, alternative high schools, and institutions of higher learning and training.
  4. Tribal and Urban Indian youth or health programs.
  5. City/County government or Local Health Departments/ Jurisdiction programs
  6. Juvenile justice system/law enforcement
- iii. *Equity*: Describe how your organization has demonstrated a meaningful commitment and capacity to reduce health disparities. Describe previous or current projects that have engaged priority populations or made an impact in reducing health disparities. Indicate any equity frameworks used by your organization currently.
  - iv. *Approach*: Describe why your entity has chosen the projects and strategies for the first year, and how you will address them. Describe who will be served by the project and how this approach will reduce the disparity gap in health outcomes and risk factors. Describe how the organization would continue and expand the work through 2027, expanding implementation of projects and strategies.
  - v. *Outcomes*: Describe potential outcomes of the chosen projects and strategies in the first year, and if the outcome is measurable. If the work was expanded through 2027, please describe potential outcomes, including any policy, systems and environmental changes by the end of the project.
  - vi. *Policy, Systems & Environmental (PSE) Work*: Describe any Policy, Systems, or Environmental gaps present in your community/population and your approach to addressing them. Describe previous or current projects that focus on PSE work or made an impact on PSE in your community/population.
  - vii. *Sustainability*: Describe factors of your approach that will foster sustainability. For instance, funding commitments from other organizations; opportunities unique to your community/population that will shepherd change (ie growing population, increased political capital, upcoming policy windows, new or renewed community engagement); or other.
- d. Organizational Capacity:
- i. Provide information about your organization, including its mission and philosophy, and the populations you serve.
  - ii. Describe your staff, especially those who will be working on this contract, their experience working with youth and youth substance use prevention, and experience working in policy, systems, & environmental change.
  - iii. Describe your policy on diversity in the workplace.
  - iv. Demonstrate readiness of your entity to do the work required, as evidenced by community support, organizational capacity, experience managing federal and state funds, engagement or leadership of active local health coalition, established partnerships, history of similar interventions, and engagement with priority populations.

- v. Demonstrate your organization’s ability to continue the required work if an emergency preparedness situation occurs.
  - vi. Demonstrate ability and/or experience collecting and providing data for use in performance measure tracking and evaluation activities.
  - vii. Describe the organization’s approach to communication. How do you ensure manage to develop and implement activities and ensure required deliverables (reporting, invoicing) are completed in a timely process?
  - viii. Please indicate your organization’s capacity and interest in additional consultation work to support the program and other partners? *(This is optional, but additional funding will be available for services)*
- e. Evaluation:
- i. Provide information about your organization and evaluation. Describe any staff members that focus on evaluation and how you collaborate with them.
  - ii. Describe your evaluation process when it comes to implementing a program or activity. How do you deem a program or activity as necessary? What information do you collect? How do you collect the necessary information? How do you define a positive outcome?
  - iii. Based on one activity in each proposed workplan, describe how you would complete a process and outcome evaluation of that activity.

2. Work Plan:

- a. Applicant must prepare 2 program workplans (one for cannabis and one for commercial tobacco) that includes a clear description of activities for all required tasks and objectives. Please make sure to utilize the SPF framework and at least one health equity principle from the list options (see section 2, approaches for the full list). The workplan instructions will be emailed with the RFA as a separate attachment along with example activities and related outcomes. Workplans should be included as part of the project narrative. Narrative Page limit **does not** include work plans. Additional things to note include:
- i. Expected Outcomes (measurable)
  - ii. Key Partners that will be involved
  - iii. Target Audience
  - iv. Realistic Timeline
  - v. Resources needed, including technical support from DOH and others.

3. Budget Narrative:

- a. Budget Template: Applicant must submit an itemized budget and a budget narrative for Budget Year 1. Applicants must use the excel template attached to the RFA. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. 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. Contracts
- viii. Total Direct costs
- ix. Total Indirect costs
- x. Total
- b. Budget Narrative must include:
  - i. Key personnel
  - ii. Justification for all expenses in the budget
- 4. RFA Face Sheet (see page 21)
- 5. Delegation of Signature Authority Form (see page 23)
- 6. Letters of Commitment from key partners that will assist in carrying out activities, including potential subcontractors and coalitions. These letters should describe the organization's role in activities and general support for the grant.
- 7. COVID Vaccination Certification (see page 25)

Allowable supporting attachments include:

- Letters of Support (any additional letters not included in required Letters of Commitment)
- Memoranda of Agreement/Memoranda of Understanding
- Resume of Youth Cannabis & Commercial Tobacco Prevention Program Lead (or job description if not yet hired)
- Policy, Systems and Environment Success Stories (hyperlinks accepted)

#### 9. **Criteria Review of RFA**

DOH will use the following criteria to evaluate each applicant's RFA:

- **Minimum Requirements** (these requirements **must** be met for the application to be considered for funding):
  - Did the applicant submit a Letter of Intent (LOI) by January 14th, 2022 8:00 am PST?
  - Did the applicant submit a completed application by February 7th, 2022 at 8:00 am PST?
  - Is the application complete (including complete work plan, budget template & additional required documentation)?
- **Cannabis & Commercial Tobacco:**
  - **Community Need: (20 points)**
    - Did the applicant demonstrate community need through data and assessments showing high burden of disease and risk factors of population or sub-population/s related to cannabis & commercial tobacco?
    - Did the applicant include historical context of related strategies, opportunities for change, and community support for strategies?
    - Did the applicant include policy, system or environment gaps/needs related to strategies as appropriate?
    - Did the applicant make a compelling case for community needs that can be met by strategies in this RFA?
  - **Community Engagement/Collaboration: (20 points)**
    - Did the applicant describe the approach they will take to ensure community engagement throughout the grant to help in planning, implementing, and evaluating activities?



- Did the applicant describe involvement with or plans to be involved with relevant youth service providers?
    - Did the applicant explain how their entity will meaningfully address health equity by engaging with communities and/or populations at higher risk for poor health outcomes and risk factors?
    - Did the applicant include plans for communicating with the community?
    - Did the applicant successfully show that their organization is committed to and able to meaningfully engage the community throughout the grant?
  - **Equity: (20 points)**
    - Did the applicant describe how their organization has demonstrated a commitment to reducing health disparities (e.g. previous or current projects, mission statement, equity frameworks, etc.)?
    - Did the applicant provide details on how their activities will engage priority populations and work towards reducing health disparities?
  - **Approach/Outcomes: (20 points)**
    - Did the applicant describe how they will address chosen strategies providing a detailed description including activities, milestones and outcomes for the first budget year (CDC Tobacco Funds: April 29, 2022 – April 28, 2023, State Funds: July 1, 2022 – June 30, 2023) in the approach section or refer to work plan?
    - Did the applicant describe how their approach will reduce the disparity gap in health outcomes and risk factors?
    - Did the applicant provide a narrative description of activities for the expanding the grant beyond the first budget year, including anticipated policy, systems and environmental changes by the end of the project (CDC Tobacco Funds: April 29, 2022 – April 28, 2027, State Funds: July 1, 2022 – June 30, 2027)?
    - Did the applicant describe the community and subpopulations that will be served by this grant?
    - Did the applicant describe an overall approach and strategies that will achieve their defined outcomes?
  - **Policy, Systems & Environmental Work: (10 points)**
    - Did the applicant describe any policy, systems & environmental gaps in community or population, and their approach to address it?
    - Did the applicant describe any previous or current projects that focused on policy, systems & environmental change and the impact it had on your community and population?
  - **Sustainability: (10 points)**
    - Did the applicant describe factors of their approach that will foster sustainability?
    - Did the applicant successfully demonstrate that their activities will result in sustainable changes?
- **Organizational Capacity: (20 points)**
  - Did they provide information about their organization including their mission and philosophy?
  - Did they describe their staff and their experience working with youth, youth substance use prevention, and policy, systems, and environmental change?

- Did they describe their policy on diversity in the workplace?
- Did the applicant demonstrate readiness of their organization to achieve outcomes in all strategies, as evidenced by community support, organizational capacity, experience managing federal and state funds, active local health coalition, established partnerships, history of similar interventions, and engagement with priority populations?
- Did the applicant demonstrate their ability to continue the required work if an emergency preparedness situation occurs?
- Did the applicant demonstrate ability and/or experience collecting and providing data for use in performance measure tracking and evaluation activities?
- Did the applicant identify organization resources to fulfill application deliverables and demonstrate financial stability and responsibility?
- Did the applicant have adequate staffing and/or contracts, consultants, or leveraged partnerships to execute the activities specific in the workplan?
- Did the applicant demonstrate readiness to successfully implement, or work with partners to implement policy, systems, and environmental change through narrative, attached success stories, and/or Letters of Support and Commitment?
- **Evaluation: (20 points)**
  - Did the applicant provide information regarding their organization and evaluation, including any staff that work on evaluation and how they collaborate?
  - Did the applicant describe their evaluation process for implementing their program? How do you deem a program or activity as necessary? Do they share what information is collected and how? What do they define as a positive outcome?
  - Did the applicant provide two examples for how they would complete a process and outcome evaluation based on their workplans (one for commercial tobacco and one for cannabis)?
- **Work Plan: (20 points)**
  - Are the strategies to reduce the initiation of and prevention the use of cannabis by youth (ages 12-20) and influential adults in their community/population clearly articulated in the workplan template?
  - Are the strategies to reduce the initiation of and prevention the use of commercial tobacco by youth (ages 12-20) and influential adults in their community/population clearly articulated in the workplan template?
  - Does the proposed workplans include specific information about how the applicant will partner with youth service providers in their community/population?
  - Does the proposed workplans clearly include the SPF framework and articulate a chosen health equity principle?
  - Are timelines realistic in meeting targeted goals?
- **Budget Template: (10 points)**
  - Did the applicant provide a completed budget narrative and itemized budget, which includes salaries & wages, fringe benefits, equipment, supplies, travel, goods & services, contracts, total direct and indirect costs, and a total? Are there specific descriptions in the budget narrative of projected costs associated with project activities?
  - Does applicant provide a clear and realistic budget narrative for year 1 funding?
- **Additional Qualifications: (Bonus: 6 points)**
  - Do they demonstrate a history of working in youth substance use prevention work?

- Do they demonstrate a history of working on Policy, Systems & Environmental work?
- Do they demonstrate an interest in additional consultation work to the support the program and other partners?

#### **Mandatory Applicant Conference Call:**

The Office of Healthy and Safe Communities will host an informational conference call that is **mandatory** for potential applicants. The details are as follows:

Friday, January 14, 2022

11:00 AM – 1:00 PM PST

A separate email with an invitation to the event will be sent

Applicants with questions should submit them by email to Heidi Glesmann no later than **January 13, 2022 by 3:00 p.m. PST**. Answers will be supplied during the conference call. A full list of questions and responses will be written down and sent to all potential applicants. Any questions that come up during the conference call will be answered in writing and sent out after the call.

#### **Important instructions for how to submit this RFA:**

Email your completed application in PDF format to DOH no later than **February 7, 2022 by 8:00 am PST** to Heidi Glesmann with “**YCCTPP RFA Application**” in the subject line. Please use the checklist on the page 11 to ensure your application is complete. Late and/or incomplete applications will not be scored.

In addition to emailing the entire document as a PDF, please send hard copies of the Request for Funding Face Sheet (page 21) and Delegation of Signature Authority (page 23) with the original signatures (due at Department of Health by **February 7, 2022**) to:

**Heidi Glesmann**  
**Department of Health**  
**PO Box 47855**  
**Olympia, WA 98504-7855**

If all items are not completed and checked using the checklist on page 20, your application will be returned to you and not be eligible for consideration.

## APPLICATION CHECKLIST

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

### Items I – VII.

- I.  YCCTPP Request for Funding Face Sheet (page 21)
- II.  Delegation of Signature Authority (page 23)
- III.  COVID Vaccination Certification (page 25)
- IV.  Description of Youth Cannabis & Commercial Tobacco Prevention Program
- V.  Work Plans (Word Document Attached)
- VI.  Budget Workbook (Excel Template attached)
- VII.  Letters of Commitment from Key Partners

### Included Appendices (Will emailed as separate documents)

Appendix A-1: ACH Regions Map  
Appendix A-2: Organization List by ACH Region  
Appendix B: Work Plan Instructions  
Appendix C: Budget Workbook  
Appendix D: Letter of Intent Template

**YCCTPP Request for Funding Application Face Sheet**

NAME OF ORGANIZATION	
ADDRESS	
YCCTPP PROGRAM MANAGER(S)	
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)	

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Print Name of Authorized Signatory

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Signature of Authorized Signatory

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Title/Date

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, 2021
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: 11/01/2021		

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	11/01/2021
SIGNATURE	PRINT OR TYPE NAME	PRINT OR TYPE TITLE	DATE SIGNED
	<i>LW</i> 11/01/21	<i>LW</i> 11/01/21	
Authorized to Sign: <b>Original/Revised Application</b> (Initial and Date)	Authorized to Sign: <b>Contracts/Amendments</b> (Initial and Date)	Authorized to Sign: <b>Vouchers/Budget Revisions</b> (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**

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

**SECTION 2. – AUTHORIZING OFFICIAL(S)**

<b>AUTHORIZING OFFICIAL</b>		
<b>SIGN AND INITIAL</b>	<b>PRINT OR TYPE NAME</b>	<b>PRINT OR TYPE TITLE</b>
<b>DATE SIGNED:</b>		

<b>AUTHORIZING OFFICIAL</b>		
<b>SIGN AND INITIAL</b>	<b>PRINT OR TYPE NAME</b>	<b>PRINT OR TYPE TITLE</b>
<b>DATE SIGNED:</b>		

**SECTION 3: AUTHORIZED DELEGATES**

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

<b>AUTHORIZED DELEGATE</b>			
<b>SIGNATURE</b>	<b>PRINT OR TYPE NAME</b>	<b>PRINT OR TYPE TITLE</b>	<b>DATE SIGNED</b>

<b>AUTHORIZED DELEGATE</b>		
Authorized to Sign: <b>Original/Revised Application</b> (Initial and Date)	Authorized to Sign: <b>Contracts/Amendments</b> (Initial and Date)	Authorized to Sign: <b>Vouchers/Budget Revisions</b> (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 – Priority Population**

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

