

# Application for Youth Mental Health Access Community Project

Due Date: 01/26/2024

Maximum funding: \$30,000

## Requirements:

- Serve 50+ children and youth ages 6 – 17 from low-income families in Washington state.
- Organizational leadership support and dedicated staff engagement for all project activities.
- Staff and management for this project at least 50% Black/African American, Hispanic, AI/AN, Pacific Islander, or Asian.
- Activities should be measurable. They should focus on removing barriers to mental health services, increasing mental health support, or addressing mental health challenges children and youth from Black, Indigenous and People of Color (BIPOC) communities experience.
- The baseline and outcome measure indicators must be clear and measure the impact, not just the effort used. E.g., number of additional appointments with mental health counselor completed by youth in our program will increase by staff providing transportation to appointments. Baseline is the number of appointments completed in a month before the project begins, regular reports would include the number completed each month of the project.
- Projects must be 3 – 6 months in length.
- Projects can receive up to \$30,000. DOH will pay the amount within 90 days of submission of the approved invoice and organizational general ledger or a bookkeeping report.
- Awardees must have or apply for a Washington State Statewide Vendor Number. You can apply for a [Washington State Statewide Vendor Number online](#).
- Applicants must submit at least 1 letter of support from a community member or community organization that has received services. Letter content may include:
  - Association/relationship of the author to the organization and how long have they worked with the organization
  - Activity, participation, or role of the author
  - Results of participation (how has the organization benefited the community?)
  - Role of the organization in the community
  - Reputation of the applying organization
- Full description of requirements and details: <https://bit.ly/3MOaC3i>

Please send your completed PDF or Word applications **and** letters of support to [pchhs@doh.wa.gov](mailto:pchhs@doh.wa.gov).

You will receive a notice of application submission. Please contact us promptly if you do not get this notification within 1 business day.

## Organization Information

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

Primary Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organization Phone number: \_\_\_\_\_

Tax Identification Number (TIN): \_\_\_\_\_

## Contact Information

Primary Contact Person:

Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Secondary Contact Person:

Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Organization Characteristics

Please provide the following information:

Approximate number of children and youth ages 6 – 17 from low-income families currently served:

\_\_\_\_\_

Is your organization part of a current DOH or Apple Health Managed Care Organization project?

☐ Yes ☐ No

If yes, please describe:

Has your organization been part of any projects with DOH or Apple Health Managed Care Organizations in the last 5 years?

☐ Yes ☐ No

If yes, please describe:

Can your organization attend monthly meetings with DOH and the Managed Care Organizations to discuss updates and challenges?

☐ Yes ☐ No

## **Project Narrative**

1. Please describe your proposed project to improve youth mental health or mental health access (1200-word limit). Your description should explain how your project will serve children and youth aged 6 – 17 years from Black, Indigenous and People of Color (BIPOC) communities in our state. You may also attach additional information to this application form.

2. If your proposed project expands on a current project, please tell us how it fits with the YMHA Community Project goals. **If not, go to question 3.**

3. Tell us how your proposed project fits into your organization's mission. (500-word limit)

4. Please tell us how you will measure the success of your project activities. For example, you might report the number of low-income children and youth served in a specific community and the number of additional mental health appointments that youth were able to attend using project funds to provide transportation to appointments.

5. Assuming that your project is very successful in helping BIPOC youth improve their mental health or access to mental health care, tell us how the project could be expanded to help more low income BIPOC youth.

### Budget Narrative

Please review the RFA for allowable expenditures. We will request a more detailed budget and justification after we award the funds.

Budget Category	Approximate Amount Requested	Brief Justification (2-4 Sentences)
Personnel, Salaries and Wages		
Supplies		
Incentives (if Applicable)		
In-State Travel		
Other Expenses		
Total		

### Organization Management and Staff

1. Please attach your organizational chart. Note positions and include leadership supporting this project.

2. Please fill out this table with staff who will work on this project. Include executive, management and front-line staff involved in the project.

Name	Role	Demographic Identity (Race, Ethnicity, Gender)

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