

## **ATTACHMENT 1**

# **Grant Application Packet**

### **I. Application**

- a. **Request for Funding Application (RFA) Face Sheet**
- b. **Applicant Organization Information**
- c. **Prevention Initiative Narrative Questions**
- d. **Prevention Initiative Work Plan and Timeline**
- e. **Delegation of Signature of Authority Form**

### **II. Budget Proposal** (*Attachment 2: Budget Template*)

- a. **Applicants must submit an itemized budget and a budget narrative for Year 1.** Applicants must use the Excel Budget Template attached to the RFA. Applicants should include relevant costs and estimate proposed costs associated with initiative activities. Costs included in the budget should be reasonable and consistent with the purpose and objectives included in the application. Please see Section 5 in the *Request for Application Overview and Requirements* document for guidance.

### **III. Exhibits for Submission**

- a. **Exhibit A.** Diverse Business Inclusion Plan
- b. **Exhibit A-1** Diverse Business Inclusion Plan for Subcontractors (only if applicable)

### **IV. Supporting Documents**

- a. **Letters of Support:** All applicants must submit **at least two letters** of support from partners.
- b. **Optional:** Applicants may submit additional materials that support the application, such as existing agreements or memoranda of understanding (MOUs) between relevant partners.

## Request for Funding Application (RFA) Face Sheet

NAME OF LEAD ORGANIZATION	
ADDRESS	
APPLICATION POINT OF CONTACT	
TITLE	
TELEPHONE	
EMAIL	

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## Applicant Organization Information

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**1. Lead Organization Name**

**2. Lead Organization Address**

**3. Type of Organization**

**4. Fiscal Authorized Signatory Name and Title**

**5. Fiscal Authorized Signatory Phone Number and Email Address**

**6. Lead Organization Tax Identification Number**

**7. Lead Organization Unified Business Identifier (UBI) Number**

**8. Lead Organization Statewide Vendor Number (SWV) (May be acquired after application submission)**

**If Lead Organization has a Fiscal Sponsor, please provide the following information:**

**1. Name and Address of Fiscal Sponsor Organization**

**2. Tax Identification Number**

3. Unified Business Identifier (UBI) Number

4. Statewide Vendor Number (SWV) (May be acquired after application submission.)

**Lead Organization Authorization Signature**

I am authorized by the above-named Lead Organization to approve this *Communities Building Resilient Youth* grant application submission to the Washington State Department of Health.

Print Name of Authorized Signatory

Signature of Authorized Signatory

Title/Date

## Prevention Initiative Narrative Questions

1. **Please share your organization's mission. Also, please share if your organization is operated by and for an underserved community or communities.**

2. **Please describe the history of your organization and the impact it has had on strengthening youth mental health and wellbeing in your community. (700 Word Limit)**

3. **Please describe your organization's leadership structure, including Board or Advisory Board structure, if applicable. Please share how decisions are made and what roles community partners and community members have in decision-making.**

**4. How does your organization describe equity? How does your organization use equity as part of its organization's structure and culture? (600 Word Limit)**

**5. 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 your organization would use translation/interpretation services.**

- **Language(s) spoken and capacity for each:**

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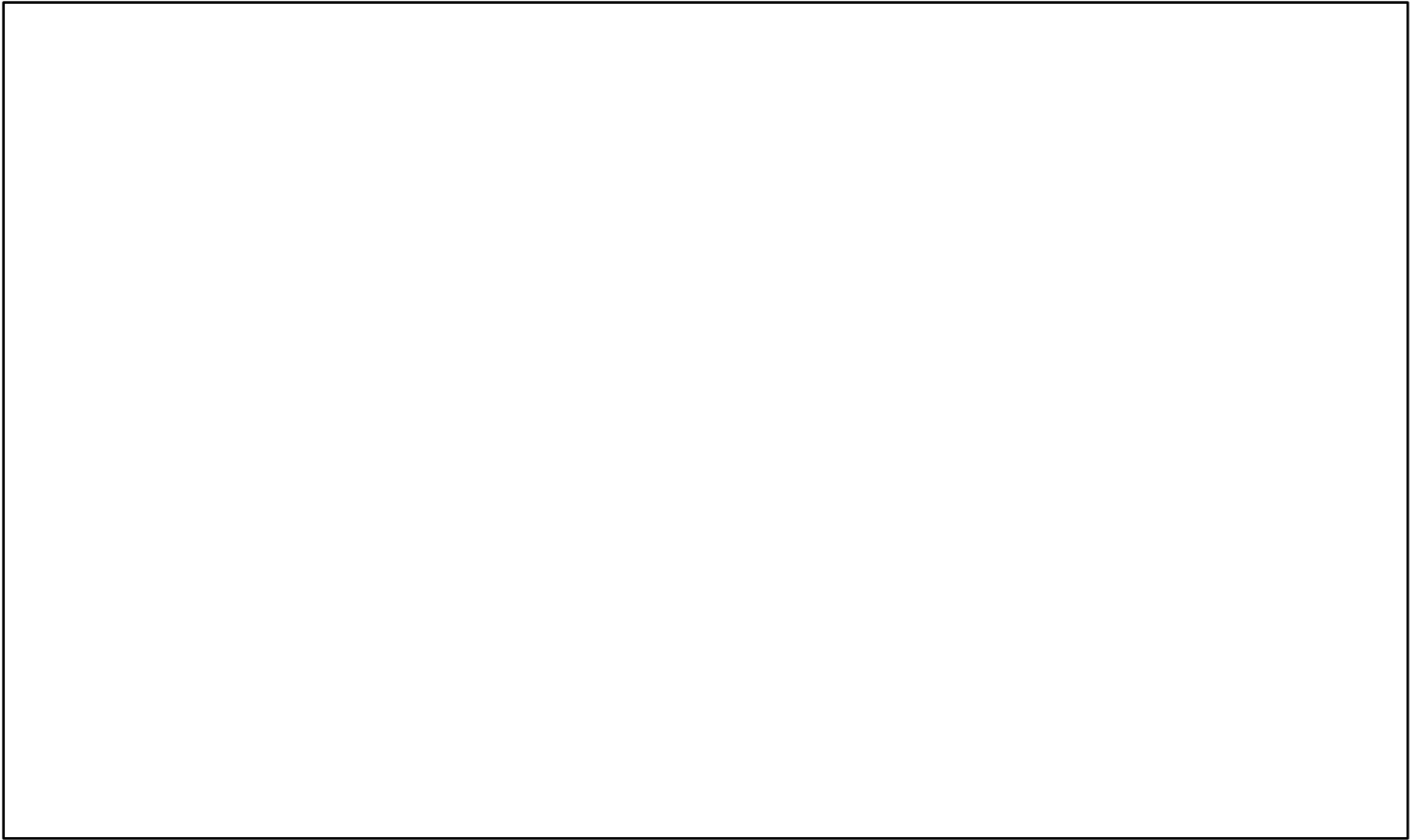
### **Initiative Approach**

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**6. Initiative Title: Please provide a title for your proposal.**

**7. Describe the geographic area that your initiative will impact (e.g., cities, counties, tribal communities)?**

**8. Describe the community(ies) or population(s) your organization serves (or intends to serve), the length of service, and the ways you work together.**

A large, empty rectangular box with a thin black border, intended for the user to provide a detailed answer to the question above. The box is currently blank.

9. Please describe the prevention initiative, including all prevention activities, that your organization proposes to implement. Please describe how it reflects, and will put into action, each of the different components of the prevention initiative design and implementation steps (as described in the *RFA Overview and Requirements* document). How will you know when the prevention initiative activities are resulting in community-wide changes that foster youth mental health, wellbeing, and resilience? (1,000 Word Limit)

10. How will you track activities and measure or describe the results of the initiative?



**11. Who else will you engage in this work and what will they contribute to the initiative? How will youth be involved? Will partners include organizations that represent different sectors in your area such as schools, tribal entities, community-based organizations, or associations serving youth, coalitions, health care, local public health, housing providers, or businesses? (Priority will be given to applicants who demonstrate strong partnership and collaboration.) (600 Word Limit)**

**12. Who will lead and be involved in initiative planning and implementation? Describe the composition of your initiative staff, decision-making processes, and how these reflect the communities and youth you are proposing to work with. (500 Word Limit)**

**13. Describe how communities you serve, including youth, will continuously guide and shape the prevention initiative. Include how you will address challenges, conflicts, and power dynamics. (600 Word limit)**

**14. What kind of technical assistance would your organization benefit from? What kind of support would your organization need to carry out proposed activities?**

## Prevention Initiative Work Plan and Timeline

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Instructions: Use the template to create a work plan and timeline that details activities and objectives for each quarter. Successful applicants will work with a DOH contract manager to update the work plan and timeline, if needed.

<b>Year 1</b>		
<b>Quarter</b>	<b>Activities</b>	<b>Objectives and Goals</b>
<b>Q1</b> Jan 2024- March 2024		
<b>Q2</b> April 2024- June 2024		

## Year 2

Quarter	Activities	Objectives and 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		

## Instructions for Delegation of Signature Authority

**This page provides INSTRUCTIONS AND SAMPLES ONLY. Fill in the next page with applicant information.**

1. Print or type the name of the organization functioning as contractor, date you are completing this form, and name of the program. Use Section 1 on the next page.

NAME OF ORGANIZATION – SAMPLE	DATE SUBMITTED
ABCD Health District	November 11, 2023
NAME OF PROGRAM	
Youth Behavioral Health Program	

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		
<i>Mary Schumaker</i> <b>MS</b>	Mary Schumaker	Executive Director
SIGN AND INITIAL	PRINT OR TYPE NAME	PRINT OR TYPE TITLE
DATE SIGNED: 11/01/2023		

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			
<i>Lester Williams</i>	Lester Williams	Budget Director	11/01/2023
SIGNATURE	PRINT OR TYPE NAME	PRINT OR TYPE TITLE	DATE SIGNED
	<i>LW</i> 11/01/23	<i>LW</i> 11/01/23	
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 Form

### SECTION 1. – ORGANIZATION

<b>NAME OF ORGANIZATION</b>	<b>DATE SUBMITTED</b>
<b>NAME OF INITIATIVE</b>	

### 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>A-19 Invoices/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>
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>A-19 Invoices/Budget Revisions</b> (Initial and Date)	





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