Perinatal Mental Health Access and Capacity Building Application Template

Please complete and submit the following components in a single document (Word or PDF) to **waperinatalcollaborative@doh.wa.gov** by **October 24th, 2025.**

Applicant Information Sheet & Eligibility

Name of Organization	
Address	
Project Manager	
Title	
Telephone	
Email	
Tax Identification Number (TIN)	
Unique Entity Identifier (UEI)**	
WA UBI number **	
Statewide Vendor Number **	
How much funding you're requesting (up to $30,000)	

** If you do not have these numbers at the time of your application, you will need to apply and receive them before having a contract in place with WA DOH. Allow at least 30 days to get these numbers. This can be completed after the award announcement.

You can use the following links to request these numbers:

- Unique Entity Identifier: Entity Registration | SAM.gov

- WA UBI: Registrations and filings required for businesses | Washington Department of Revenue

- Statewide Vendor Number: Vendor Payee Registration | Office of Financial Management (wa.gov)

- Follow this link for more support applying for this number: Apply for a Statewide Vendor Number

_____
Print Name of Authorized Signatory

_____
Signature of Authorized Signatory

_____
Title   **Date**

Proposed Strategy

- Which priority area(s) does your project focus on?
    - ☐ Training and Workforce Development
    - ☐ Medicaid Access
    - ☐ Care Coordination and Systems Integration

- Describe the project and the activities you're proposing. Tell us how your strategy aligns with one or more of the priority areas.

- Number of people currently served: _____

- Demographic of population served: _____

- Please list at least three deliverables for the project and describe what success will look like for each.

1.

2.

3.

Narrative Proposal (3 pages max)

Please respond to the following prompts. You may expand on each as needed, but please do not exceed the page limit. This section can be submitted as a PDF document in your application package.

A. Community Need

- What problem or issue are you working to address? How do mental health needs during and after pregnancy affect the people in your community?

B. Cultural Responsiveness

- How does your project support communities most impacted by lack of access to maternal mental health care? What strategies do you use to engage community members in planning or leadership?

C. Organizational Experience

- Briefly describe your organization's experience serving perinatal populations. Include your staffing plan and relevant expertise. Do you plan to work with any partners on this project?

D. Sustainability

- How will your project continue or change after this grant funding ends? If you have established partners who will help sustain this work, tell us how

Evidence of Effectiveness (up to 3 pages total)

- Tell us how you know your program or approach is working or shows potential.
- You can share:
    - Community feedback
    - Survey results
    - Data reports
    - Testimonials, letters of support, or other informal evaluations

Note: Formal data is not required. We value any evidence that shows your approach is effective or promising.

Project budget

Please fill out the budget template for Year 1 of your project. You can request up to $30,000 per year. Include a short description of each planned expense.

You can find an Excel template on the [WSPC webpage](). Submit your completed budget as an Excel file or PDF document as part of your application package.

Budget Category	Year 1 Budget	Description
A. Employee wages		
B. Fringe benefits		
C. Travel		
D. Equipment		
E. Supplies		
F. Contracts		
G. Construction		
H. Other		
Total Direct Costs		
I. Indirect Costs		
Total Year 1 Budget		