

Substance Use and Overdose Prevention in Latinx Communities Grant

Washington State Department of Health

Project Application

Please submit completed applications to Jennifer Dieguez by December 5, 2022, at Jennifer.dieguez@doh.wa.gov.

Applicant Information			
This section is for organizations requesting funding.			
Organization Name:			
Doing Business As (DBA), if applicable:			
Washington Statewide Vendor Number (SWV):			
Washington Unified Business Identifier (UBI):			
Federal Tax Identification Number:			
Mailing Address:			
City:	State:	County:	Zip Code:
Phone:			
Email:			
Website Address:			
Type of Organization			
<input type="checkbox"/> 501(c)3			
Applicant Requirements			
Washington State Business Registry			
<input type="checkbox"/> Yes, Applicant is currently registered with the Washington Secretary of State business registry.			
<input type="checkbox"/> No, Applicant is not currently registered with the Washington Secretary of State business registry and will meet this requirement prior to being awarded a grant, if application is successful.			
Commercial General Liability Insurance			
<input type="checkbox"/> Yes, we currently meet the CGL insurance requirement provided in the <i>Who can apply?</i> section of the grant overview document.			
<input type="checkbox"/> No, Applicant does not currently meet CGL insurance requirements and will meet this requirement prior to being awarded a grant if application is successful.			
Professional Liability Insurance			
<input type="checkbox"/> Yes, Applicant currently meet the PLI insurance requirement provided in the <i>Who can apply?</i> section of the grant overview document.			

No, Applicant does not currently meet PLI insurance requirement and will meet the requirement prior to being awarded a grant if application is successful.

Applicant Grant Administrator

Authorized Applicant Name and Title:

Phone:

Email:

Authorized Applicant Signature:

Project Proposal: Part 1

Please complete sections below in response to which areas, population groups, language services etc., you are proposing to offer.

Geographic area or counties served. Please list the geographic areas that will be directly served by with this project proposal:

Primary populations to be served. Please indicate the population(s) served by your organization within Latinx communities.

Specific Latinx communities:

Groups within Latinx communities, if applicable for your project proposal:

People with disabilities:

Age groups (e.g., elders, youth, young adults):

LGBTQIA2S+ communities:

People who are immigrants and refugees:

Rural communities:

People who are justice involved:

Houseless communities:

People with behavioral health conditions:

Other communities not listed above (please describe):

Language access provided by your organization. Please indicate your organization's capacity to speak and/or write in languages other than English (e.g., Languages of Indigenous Peoples or First Nation Peoples, Spanish, Portuguese, Sign languages, or others) Also please indicate whether the language capacity comes from someone who speaks that language as their first language, someone who learned the language, or if you would use translation services.

Language 1: _____

- Spoken fluently by first language speaker
- Spoken fluently by learned language speaker
- Written by first language speaker
- Written by learned language speaker
- We will use a translation service

Language 2: _____

- Spoken fluently by first language speaker
- Spoken fluently by learned language speaker
- Written by first language speaker
- Written by learned language speaker
- We will use a translation service

Language 3: _____

- Spoken fluently by first language speaker
- Spoken fluently by learned language speaker
- Written by first language speaker
- Written by learned language speaker
- We will use a translation service

Language 4: _____

- Spoken fluently by first language speaker
- Spoken fluently by learned language speaker
- Written by first language speaker
- Written by learned language speaker
- We will use a translation service

Other language access offered by your organization not already listed above:

Project Proposal: Part 2

Our intention is to make this application as easy as possible to complete. Clear and concise answers are welcome. There are no maximum or minimum word or page counts. Please use the amount of space you need to describe your project and answer the questions in the application.

1) Proposed Work Plan. Please describe your project as in a narrative or provide a detailed work plan, whichever works best for you.

Please include:

- How the proposed work fits within your organization.
- Descriptions of staff roles specific to the project.

- Partnerships with other people or organizations to carry out the project (e.g., community-based organizations, local public health authorities, schools and school districts, or partners in other sectors).
- Types of services, activities, and/or resources to be provided.
 - i. Proposals including approximately 60% or more of in-person services may propose budgets up to \$100,000.
 - ii. Proposals including primarily substance use prevention and awareness campaigns may apply for up to \$30,000.
- How activities and services will be tailored to Latinx community(ies).
- Estimated number of people to be impacted.
- Estimated number of services, activities, and/or resources to be provided.

2) Proposed Budget and Budget Narrative. Please complete and attach the “Budget and Narrative Worksheet” Excel document to this application form.

3) Please describe how you identified the project activities.

4) Please describe your organization’s experience related to your proposed project.

5) Please describe how long you have worked with the population(s) you intend to serve and your relationship with the community(ies).
If you are proposing to work with a population that you have not traditionally served, please describe how you will adapt your approach and activities for the new population.

6) Please describe the outcomes or results you are expecting.

7) If you would like to, please share any additional information important to your proposal that has not already been included.

Thank you for submitting your project proposal.