**Washington Region**

**DRAFT Phase 1 Application:**

**Community Driven Mental Health and Wellbeing Interventions for** Black, Native American, Asian American, Pacific Islander, Hispanic and LatinX youth and young adults.

Due August 19, 2022 to communityhealth.wa@kp.org

Questions about the project or application? Contact Jill Patnode, Community Health Manager

Jill.x.patnode@kp.org or 206-819-1758

Free grantwriting workshop and possible technical assistance on grantwriting (specific to this proposal)

[Register here](https://www.surveymonkey.com/r/MHRFPTA)

**Applicant Information**

|  |
| --- |
| **Community-based Organization (CBO)** |
| Organization Name: | Click or tap here to enter text. |
| Project Lead Name: | Click or tap here to enter text. |
| Title: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Phone Number:  | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Website: | Click or tap here to enter text. |
| Total Two Year Grant Amount Request: | $Click or tap here to enter text. |
| [ ]  By checking this box, I attest that I have the authority to apply for this funding on behalf of the above CBO. |

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| **CBO Eligibility** |
| [ ]  Our CBO is or has a fiscal sponsor who is: a nonprofit 501(c)(3) tax-exempt organization or tribal organization in good standing with IRS [ ]  Our CBO provides services in at least one of Kaiser Permanente Washington’s counties where we have medical centers (check all that apply):  [ ]  King [ ]  Kitsap [ ]  Pierce [ ]  Snohomish [ ]  Spokane [ ]  Thurston counties [ ]  Our CBO is led by a Board and Senior Leadership Team of at least 50% of individuals identifying as Black, Indigenous, Asian Pacific Islander, Hispanic/Latino or other people of color

|  |  |
| --- | --- |
| What percentage of your Board identifies as one of these racial groups? |  Click or tap here to enter text. **%** |
| What percentage of your Senior Leadership Team identifies as one of these racial groups? | Click or tap here to enter text. **%** |

 [ ]  Please share the racial breakdown of the population you served (either approximate % or actual #):

|  |  |  |  |
| --- | --- | --- | --- |
| **Racial Group** | **Approximate or actual % or # served in 2021** | **Anticipated actual % or # served with this funding** | **Please describe any additional identities of this group (e.g. immigrant/refugee, youth, young adult, family/caregiver, undocumented, English as a second language, LGTBQ, income level, specific ethnicity, etc)** |
| African American/Black |  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| American Indian/Native American/Alaskan Native/Indigenous  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Asian American  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Hispanic and/or LatinX | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| White/Caucasian | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Pacific Islander | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Two or more races | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Other | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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**Grant Project Overview**

Projects awarded must accomplish the following goals:

1. Increase knowledge of characteristics and interventions for mental health, mental wellbeing and mental illness education and early intervention services for Black, Native American/Indigenous People, Asian American, Pacific Islander, Hispanic and LatinX youth, young adults, their parents/caregivers and community
2. Increase access to culturally relevant mental health, mental wellbeing and mental illness care by addressing systemic barriers such as transportation, stigma, funding, insurance status, documentation status, language and culturally responsive and reflective providers
3. Increase capacity of Black, Native American/Indigenous People, Asian American, Pacific Islander, Hispanic and LatinX led community organizations to provide sustainable, culturally relevant mental wellbeing services in the communities in which they serve

Please answer the following questions. It is permissible to include links to videos or websites however be certain whatever is provided thoroughly answers the question for someone who is unfamiliar with your organization. As a reminder, these questions will be reviewed by a team that includes community members. If sharing stories or videos, please assure confidentiality of any clients who may be included. Please keep all answers under 750 words.

1. **Please provide a high level overview of your organization and project.** Click or tap here to enter text.
2. **How will you meet the following objectives? For each objective identify existing or planned activities to meet each goal (see Appendix for recommendations from youth and young adults and RFP p. 3 for required activities). If your organization will offering navigation or referral services and/or partnering with other organizations to meet these objectives please state this here as well.**
	1. **Improve the social emotional & interpersonal skills of youth and young adults (e.g. one-on-one sessions or small group activities) in “safe” and accessible locations**
	2. **Build collective healing and strengthen the cultural identity of youth and young adults**
	3. **Raise awareness about mental health, mental wellbeing and mental illness of youth and young adults, and how to navigate mental health resources with an intentional focus on parents, family members and caregivers**
	4. **Remove barriers to accessing services offered by your organization including mental health care including attention to cost, language, organizational capacity, literacy, event or service location, transportation and stigma**

Click or tap here to enter text.

1. **Tell us about the community you plan to serve with this funding. Share geographic location (city and/or zip codes), anticipated reach by age groups (13-17, 18-26, family/caregivers, community), intersectionality and any cultural information specific to your community (e.g. low income, LGTBQ, refugee, undocumented, non-English speaking).** Click or tap here to enter text.
2. **Community members accessing your services want to see people who look like them providing the services. If that isn’t possible, they want assurances that staff have a deep understanding of their racial, ethnic and cultural community. Please describe how your organization will or does address this requirement.** Click or tap here to enter text.
3. **What steps has your organization taken to make it a “safe” and “trusted” space (physically, socially and emotionally) for community members to attend services or events at? If you receive this funding, describe any changes you might make to assure youth, young adults and their families feel safe and welcome.** Click or tap here to enter text.
4. **How does your organization assure access to your services and what might you do differently if you receive this funding? Consider cost, language, time of day, day of week, literacy, staff retention, event or service location, transportation and stigma as it relates to the community you serve.** Click or tap here to enter text.
5. **How will we know this project is improving the mental health and wellbeing of youth and young adults in your community?** Click or tap here to enter text.
6. **How does the quote “Nothing for us, without us” align with your organization’s mission or vision? Provide example/s if possible.** Click or tap here to enter text.
7. W**hat high level categories will the budget be used to support? If you are blending this with other funding; address which parts of the project are funded by the other funds and the name of the funder. Categories might include staffing or staffing raises, supplies, community events, professional development, stipends for community advisory/input, indirect expenses (i.e. rent, internet, utilities, phones, etc).** Click or tap here to enter text.

1. **Project funds will be used to** (select all that apply):
	1. [ ]  Provide a new project
	2. [ ]  Replace funding that is ending
	3. [ ]  Enhance an existing project
	4. [ ]  Allow for a current project to be fully funded (includes funding staff at living wages)
	5. [ ]  Other (please describe): Click or tap here to enter text.
2. **What else would you like the review team to know about this project and/or your organization?** *Please limit this to 350 words or less***.** Click or tap here to enter text.

**End of Phase 1 application. Next page is required if your organization is interested in grantwriting technical assistance.**

1. **OPTIONAL and not scored as part of the application: If your organization is interested in receiving grantwriting technical assistance please confirm the following:**

[ ] Our organization has an operating budget of $1M or less in 2022

[ ] Less than .25 FTE is dedicated to grantwriting or fundraising according to job descriptions

[ ] We understand that we will be responsible for creating a first draft and for final review and submission of the application

[ ] We will commit to attending grantwriting workshops or watching the recording before any meetings with the consultant

[ ] If selected for the technical assistance, we will prioritize sessions with the consultant

[ ] We understand that the technical assistance is provided at no cost to our organization and that accepting it does not give our application precedence over others in the award process

Questions or wonders about this opportunity: Click or tap here to enter text.