

## Kittitas County Human Services

# 1/10<sup>th</sup> of 1% Mental Health and Chemical Dependency Tax Grant

## 2025 Request for Proposals Guidelines and Instructions

### Key Dates

|                             |                                     |
|-----------------------------|-------------------------------------|
| Applications Open           | June 26th, 2025                     |
| Deadline for Questions      | July 3rd, 2025                      |
| Applications Due            | <b>July 24th, 2025</b>              |
| Award Recipients Announced* | October 2025                        |
| Performance Period          | January 1, 2026 – December 31, 2027 |

*\* subject to change*

### Funding

|                       |             |
|-----------------------|-------------|
| Total Funds Available | \$2,000,000 |
| Award Floor           | \$10,000    |
| Award Ceiling         | \$500,000   |

## **Fund Source, Priorities, and Administration**

### **A. Funding Source and Use Requirements**

The 1/10<sup>th</sup> of 1% Mental Health and Chemical Dependency Tax Grant is funded by one-tenth of one percent of local sales tax retained by Kittitas County specifically to provide funding for mental health and chemical dependency programs and services, as authorized by RCW 82.14.460. Kittitas County Board of Commissioners (BOCC) passed ordinance 2021-017 authorizing implementation of this sales and use tax in Kittitas County effective January 1, 2022 through December 31, 2027, unless reauthorized by the BOCC.

### **B. Funding Purpose and Goals**

Within these allowable uses outlined by RCW above, Kittitas County has identified a purpose and goals to address local needs. All proposals are required to align with at least one goal and clearly demonstrate how the proposed activities will support improvement within that selected goal.

Priorities and goals can be found in Attachment A. Additional information regarding mental health and substance use gaps and outcomes can be found in the [2022 Kittitas County Community Health Assessment](#).

### **C. Evidence Based Practices**

Funding priority will be given to proposals that demonstrate the use of evidence-based practices. Evidence-based practices must be research-based, supported by data, and result in measurable outcomes. They can be adapted to meet the unique needs of the Kittitas County goals, but proposals must demonstrate fidelity to the foundational concepts of the practice and include ongoing evaluation.

### **D. Administration**

The BOCC has primary responsibility for administration of the program funds. The BOCC has delegated contract oversight and fiscal monitoring to the Kittitas County Public Health Department (KCPHD).

### **E. Review Board**

All proposals will go through a review and recommendation process by the 1/10th of 1% Mental Health and Chemical Dependency Advisory Board (1/10<sup>th</sup>).

1/10<sup>th</sup> is an advisory board of the BOCC formed in 2022 by resolution 2022-185. This board comprises local stakeholders and subject matter experts in the areas of mental health and substance use. 1/10<sup>th</sup> is tasked by the BOCC to receive and make recommendations on grant applications and provide accountability for use of funds through reviews of grant deliverable reporting and project monitoring. The BOCC shall make the final determinations of awards.

The mission of the 1/10th of 1% Mental Health & Chemical Dependency Tax Advisory Board is to positively impact the process of change in which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

## **F. Fund Availability**

The amount of funds available each RFP cycle is dependent on estimated annual tax or fee revenue, existing fund balance, and ongoing encumbered funds. Funding levels are anticipated to fluctuate from year to year. Kittitas County retains the ability to adjust funding totals if actual annual tax revenue is less than projected.

## **Eligibility and Application Requirements**

### **A. Eligible Applicants**

Eligible applicants are:

- Nonprofit 501(c)(3)
- Private business entity offering relevant services in Kittitas County
- Governmental/public agency
- Tribe

Organizations must have a Federal Tax Identification Number (also known as Employer Identification Number/EIN), be in good standing with Washington State and Kittitas County, and not have been debarred.

All nonprofit 501(c)(3) organizations must provide a 501(c)(3) determination letter.

All applicants must have established, appropriate financial internal controls and accounting procedures to ensure proper dispersant and accounting of funds awarded.

Applicants must have general and professional liability insurance with coverage for the activities of this grant with minimum occurrence and aggregate limits as described further in this disclosure. Please see Attachment E: Proof of Insurance for more information.

### **B. Application Requirements**

A completed application packet must be submitted by 5 p.m. on Thursday, July 24, 2025. Applicants must complete all questions on the application, and submit the following documents:

- RFP Summary Form
- Completed Application
- Budget Worksheet (Attachment B)
- Performance Indicators and Evaluation Workbook (Attachment C)
- Letters of Support (2)
- Letters of Commitment (only required if proposing a collaborative project)

- W-9 Request for Taxpayer Identification Number and Certification Form
- 501(c)(3) determination letter (if applicable)
- Proof of Insurance (Attachment E)
- Indirect Cost Allocation Documentation (if applicable)
- Certification and Authorized Signature (Attachment F)

### **C. Application Submission**

All application documents are provided on the advisory board webpage at [Kittitas County 1/10th of 1% Mental Health and Chemical Dependency Tax Advisory Board](#). Applicants will email the required documents in PDF format. There is no limit to the number of applications that a single entity may submit for different project proposals.

All application documents must be submitted via email by Thursday, **July 24th, 2025** at 5:00 pm to [healthandhumanservices@co.kittitas.wa.us](mailto:healthandhumanservices@co.kittitas.wa.us). Incomplete applications will not be considered.

The application email must use the subject line: 1/10th Grant RFP Submission [*YOUR AGENCY NAME*]. Example: 1/10<sup>th</sup> Grant RFP Submission Kittitas County.

All attachments to the email must be in PDF format and titled with the agency name, the name of the document, and the year. Example: Kittitas County Budget Worksheet 2025.

If the attachments exceed the allowed size limit, please label the emails as 'Email 1 of 2,' 'Email 2 of 2,' and so on.

### **D. Reporting requirements**

Successful applicants will provide progress reports and a final report at the end of the contract detailing the use of funds, and a summary of progress toward achievement of the goals and objectives outlined in the Performance Indicators and Evaluation Workbook. Reports will be submitted to KCPHD, who will distribute reports to the advisory board and the BOCC. These entities retain the ability to request clarification or additional information of the applicant as needed to assess project progress and/or appropriate use of funds.

In addition to reports, successful applications will be required to present to the advisory board and the BOCC at least once during the funding period.

A lack of meeting the reporting requirements may result in delayed reimbursement payments, denial of invoices, or contract termination.

All reporting requirements will be outlined in detail during the contracting process for successful applicants.

## **Available Funds and Timeline**

### **A. Total funds available**

\$2,000,000 in total will be available for disbursement through this RFP.

### **B. Proposal amounts**

The maximum amount of funds for any one project proposal is \$500,000, and the minimum is \$10,000.

### **C. Performance Period**

The performance period for these funds is January 1, 2025 – December 31, 2026.

Funding must be spent within the contracted program period. There will be no rollover of unspent funds, and contract amendments to extend program periods will generally not be considered. Requests to extend contract program period and increase total funding to continue the work of the executed contract through contract amendments will not be considered. Exceptions due to unforeseen circumstances may be approved by special request to the BOCC.

Initial funding is not an assurance or guarantee of ongoing operational funding. Awardees from previous cycles that would like to receive continued funding must still apply during each open RFP cycle. No funding is guaranteed for the continuation of projects.

### **D. Funding disbursement**

Funds are distributed via monthly reimbursement of actual costs. Invoicing instructions will be provided to successful applicants during the contracting process.

### **E. Contracting agency**

Successful applicants will contract with Kittitas County. Contract oversight, invoicing, and reporting will be administered by the Kittitas County Public Health Department (KCPHD).

## **Use of Funds**

### **A. Allowable expenses**

As part of the application process, applicants will complete a budget template. Expenses must support the project's proposed scope of work outlined in the narrative questions and be reasonable and necessary to achieve the project goals.

Per Kittitas County, allowable expenses include, but are not limited to, salaries, wages, benefits, capital projects and construction, direct client services, promotion, outreach activities, professional development, travel, equipment, and subcontracts. In general, the purchase of food or beverages,

clothing, and incentives is not an allowable expense, however specific allowable expenses for each successful project will be detailed in the contracting process for successful applicants. Any expenses not included in the contract will require written approval by Kittitas County.

## **B. Administration and indirect costs**

If the applicant has a federally approved indirect cost rate method, applicants may request use of the established rate by providing documentation of rate establishment. Applicants who do not use an established administrative/indirect cost rate may budget up to 10% of the funds received. Administrative/indirect costs are limited to expenses incurred for common or joint purposes and in support of all programs. Costs coded to individual programs are considered direct costs, and should be billed as line items, and not included in administrative/indirect costs.

## **C. Subcontracting**

Successful applicants may only subcontract work contemplated under this grant if they obtain the prior written approval of Kittitas County. If Kittitas County approves subcontracting, the applicant shall maintain written procedures related to subcontracting, as well as copies of all subcontracts and records related to subcontracts. For cause, Kittitas County in writing may:

- require the applicant to amend its subcontracting procedures as they relate to this grant;
- prohibit the applicant from subcontracting with a particular person or entity; or
- require the applicant to rescind or amend a subcontract.

Every subcontract shall bind the subcontractor to follow all applicable terms of this grant. The applicant is responsible to Kittitas County if the subcontractor fails to comply with any applicable term or condition of this grant. The applicant shall appropriately monitor the activities of the subcontractor to assure fiscal conditions of this grant. In no event shall the existence of a subcontract operate to release or reduce the liability of the applicant to Kittitas County for any breach in the performance of the applicant's duties.

## **D. Collaborative Projects**

Collaborative projects between two or more collaborators are allowed. A single application must be submitted by the designated lead agency for the collaborative project. This agency will serve as the contracting and fiscal agent for the project. Letters of Commitment from each collaborating agency must be submitted with the project application.

For collaborations that involve shared use of County funding, the lead agency must subcontract with project collaborators following the Kittitas County subcontracting requirements above. If collaborators are providing in kind or other support of the project that does not require financial compensation, the agency lead may decide on the type of agreement needed.

## **Proposal Review and Selection**

### **A. Application scoring**

Applications will be scored according to the scoring matrix, found in Attachment D on the advisory board website.

Applicants must demonstrate capacity, procedures, and subject matter expertise to effectively address the priorities of Kittitas County and the BOCC found in Attachment A: Kittitas County Priorities, and the requirements in RCW 82.14.460.

The funding recommendations will be presented to the BOCC during a regularly scheduled Commissioners Agenda meeting. Applicants will be encouraged to attend the meeting to address potential questions from the BOCC as they consider the recommendation.

#### **B. Final funding decisions**

All final decisions on funding are made by the Kittitas County Board of County Commissioners.

### **Questions**

#### **A. Question-and-answer period**

Questions regarding the RFP process may be submitted via email to [healthandhumanservices@co.kittitas.wa.us](mailto:healthandhumanservices@co.kittitas.wa.us) . The deadline for questions is July 3, 2025, at 5:00 pm. Answers to all questions received will be posted on the advisory board webpage by September 7<sup>th</sup>, 2025, by 5:00 pm. Please note that this is subject to change, and any posting changes will be announced on the advisory board webpage.

## Instructions to Apply

All applications must include the following:

- **RFP Summary Form**

This form is a snapshot of your organizational information.

- **Completed Application**

Applicants must complete the form in its entirety. Incomplete application forms will not be considered.

- **Budget Worksheet (Attachment B)**

The budget proposal form should align with your budget narrative description in the completed application.

- **Performance Indicators and Evaluation Workbook (Attachment C)**

All project proposals must include robust evaluation to track progress success.

- **Letters of Support (2)**

Letters should be written by people and/or agencies who have worked closely with the applicant in a substantive capacity and should speak to the applicant's ability to fulfill the proposed scope of work.

- **Letters of Commitment (only required if proposing a collaborative project)**

A letter of commitment must be submitted from each proposed project collaborator outlining the collaborator's roles and responsibilities in the project, and authorization from agency leadership to participate in the collaborative project.

- **W-9 Request for Taxpayer Identification Number and Certification Form**

- **Proof of Insurance (Attachment E)**

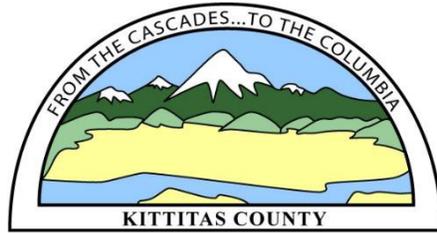
Proof of insurance is required for all successful applicants. Please provide proof of insurance as outlined in Attachment E.

- **501(c)(3) determination letter (if applicable)**

- **Indirect Cost Allocation Documentation (if applicable)**

- **Certification and Authorized Signature (Attachment F)**

Please use links on the [advisory board webpage](#) to access electronic documents.



Kittitas County Human Services

**1/10<sup>th</sup> of 1% Mental Health and Chemical Dependency  
Tax Grant**

2025 Request for Proposals

Application

## Application Instructions

Thank you for your interest in applying for funding through Kittitas County. Detailed information and instructions are found in the 2025 Request for Proposals Guidelines and Instructions. Please review the Guidelines and Instructions thoroughly before completing this application.

To be considered for funding, please complete each of the following sections. All elements of this application are required to be completed in full.

1. RFP Summary Form
2. Funding Application Narrative
3. Required Attachments

All application documents must be submitted via email by July 24<sup>th</sup>, 2025 at 5:00 pm to [healthandhumanservices@co.kittitas.wa.us](mailto:healthandhumanservices@co.kittitas.wa.us). Incomplete applications will not be considered.

All application documents are provided on the advisory board webpage at [Kittitas County 1/10th of 1% Mental Health and Chemical Dependency Tax Advisory Board](#). Applicants will email the required documents in PDF format. There is no limit to the number of applications that a single entity may submit for different project proposals.

The application email must use the subject line: 1/10th Grant RFP Submission [*YOUR AGENCY NAME*]. Example: 1/10<sup>th</sup> Grant RFP Submission Kittitas County.

All attachments to the email must be in PDF format and titled with the agency name, the name of the document, and the year. Example: Kittitas County Budget Worksheet 2025.

If the attachments exceed the allowed size limit, please label the emails as 'Email 1 of 2,' 'Email 2 of 2,' and so on.

# 1. RFP Summary Form

Please complete the following form in its entirety and attach as a PDF to your submission email.

|  |   |
|--|---|
| Project Title                                |   |
| Agency Name                                  |   |
| Mailing Address                              |   |
| Physical Address (if different)              |   |
| Website (if applicable)                      |   |
| Agency Type                                  | <input type="checkbox"/> Nonprofit 501(c)(3)<br><input type="checkbox"/> Private business entity offering relevant services in Kittitas County<br><input type="checkbox"/> Governmental/public agency<br><input type="checkbox"/> Tribe |
| Federal Tax ID (EIN)                         |   |
| Unified Business Identifier (UBI)            |   |
| Total Funding Request                        |   |
| Brief Project Description (50 words or less) |   |

## Applicant Eligibility

- YES  NO - Is your agency operating in/providing services in Kittitas County?
- YES  NO - Is your agency in good standing with Washington State and Kittitas County?
- YES  NO - Has your agency been debarred from operations?

## Applicant Contact Information

|                              |  |
|------------------------------|--|
| Primary project contact name |  |
| Primary contact title        |  |
| Primary contact email        |  |
| Primary contact phone        |  |

|                      |  |
|----------------------|--|
| Fiscal contact name  |  |
| Fiscal contact title |  |
| Fiscal contact email |  |
| Fiscal contact phone |  |

|                           |  |
|---------------------------|--|
| Authorized signatory name |  |
| Signatory title           |  |
| Signatory email           |  |

|                 |  |
|-----------------|--|
| Signatory phone |  |
|-----------------|--|

## 2. Funding Application Narrative

*Please provide responses to each of the following questions as a PDF attachment to your submission email.*

*All word counts are maximums.*

**A. Applicant Profile and Qualifications (500 words)**

Tell us about your organization including the purpose of your work, your goals, any history and experience working in mental health and substance use projects, programs and services, experience managing public funds, and anything else that describes the organization’s qualifications.

**B. County Goals (500 words)**

Indicate which of the Kittitas County goals will be addressed by this project and why that goal has been selected. See Attachment A: Kittitas County Purpose and Goals

**C. Project Description and Design (1,000 words)**

Explain the project being proposed and how it will address mental health and substance use in Kittitas County. Outline the evidence-based practices that this project will employ to reach the desired outputs and outcome(s). Please provide references (a direct link at minimum) to the research base of your evidence-based practice as appropriate.

**D. Capability and Capacity (500 words)**

Describe your agency's capabilities and capacity to execute this specific project.

**E. Credentials and Licenses (300 words)**

Does this project require specific credentialed or licensed staff or contractors to provide professional services? If so, please summarize. Successful applications will be asked to provide proof of credential or license.

**F. Gaps and Duplication in Services (300 words)**

Describe how your proposed project fills a gap in mental health and substance use in Kittitas County. Include a description of how the project is or is not a duplication of current services.

**G. Partnerships (300 words)**

List your key community partnerships (if applicable) for the proposed project and what their role will be.

**H. Budget Narrative (300 words)**

Describe how the funds will be used to support the proposed project. Why is this an effective use of funds? Please be sure to fully align with data provided in Attachment B: Budget Worksheet.

**I. Other Support (300 words)**

Describe any monetary, in-kind, donations, grants, or other types of support that will be used for the project. Include both confirmed and potential funding sources.

**J. Partial Funding (300 words)**

If this project were to receive only partial funding from this source, how would the project be impacted? How would the proposal be adjusted for less than the requested amount of funds?

**K. Sustainability (300 words)**

Describe how the project will build sustainability to operate beyond the funding period.

**L. Previous awardees applying for continuation of previously funded projects (500 words)**

Please provide a summary of your previous project's key accomplishments and any barriers to implementation during the previous funding cycle.

**3. Required Attachments**

*Please provide the following documents as separate PDF attachments to your submission email.*

All of the required attachments can be found on the 1/10th webpage at [Kittitas County 1/10th of 1% Mental Health and Chemical Dependency Tax Advisory Board](#) .

- Attachment B: Budget Worksheet
- Attachment C: Performance Indicators and Evaluation Workbook
- Letters of Support (2)
- Letter(s) of Commitment (If applicable)
- W-9 Request for Taxpayer Identification Number and Certification Form
- Proof of Insurance
- 501(c)(3) determination letter (if applicable)
- Indirect Cost Allocation Documentation (if applicable)
- Attachment F: Certification and Authorized Signature

## **Attachment A: Kittitas County Purpose and Goals**

The 2025 Request for Proposal (RFP) process is in its third year. The RFP is one of three ways the tax funding for mental health and substance use disorder is distributed in Kittitas County. Tax funding is used for our public schools, our justice system, and the RFP process.

The Kittitas County 1/10<sup>th</sup> of 1% tax for mental health and substance use disorder should be used to support access to mental health and substance use disorder programs and services with an emphasis on prevention.

All RFPs should address at least one of the Kittitas County goals below:

- Readily accessible healthcare for rural areas of Kittitas County
- Broadened opportunities for mental health and substance use disorder services to increase the diversity of services available, including group settings
- To address stigma through education and outreach with a focus on adults 35 years of age and older

Washington State law dictates how funds may be spent (RCW 82.14.460). However, terminology within the law around what constitutes treatment is broad. Kittitas County will use Washington Administrative Code (WAC) 246-341 for definitions and illustrations of mental health and substance use disorder programs.

# ATTACHMENT B: BUDGET TEMPLATE

**AGENCY NAME:**

**SALARIES AND WAGES**

| STAFF NAME | POSITION/TITLE | HOURLY RATE | TOTAL HOURS | TOTAL COST |
|------------|----------------|-------------|-------------|------------|
|            |                |             |             | \$ -       |
|            |                |             |             | \$ -       |
|            |                |             |             | \$ -       |
|            |                |             |             | \$ -       |
|            |                |             |             | \$ -       |
|            |                |             |             | \$ -       |
|            |                |             |             | \$ -       |
|            |                |             |             | \$ -       |
|            |                |             |             | \$ -       |

*(ADDITIONAL LINES ON NEXT PAGE)* **TOTAL SALARIES:** \$ -

**EMPLOYEE BENEFITS**

**BENEFITS PERCENTAGE:**  **TOTAL BENEFITS:**

**EQUIPMENT/SUPPLIES**

| ITEM | QUANTITY | UNIT COST | TOTAL COST |
|------|----------|-----------|------------|
|      |          |           | \$ -       |
|      |          |           | \$ -       |
|      |          |           | \$ -       |
|      |          |           | \$ -       |
|      |          |           | \$ -       |
|      |          |           | \$ -       |
|      |          |           | \$ -       |
|      |          |           | \$ -       |

*(ADDITIONAL LINES ON NEXT PAGE)* **TOTAL EQUIPMENT/SUPPLIES:** \$ -

**SUB CONTRACTS**

| CONTRACTOR NAME | PURPOSE OF CONTRACT | CONTRACT AMOUNT |
|-----------------|---------------------|-----------------|
|                 |                     |                 |
|                 |                     |                 |
|                 |                     |                 |

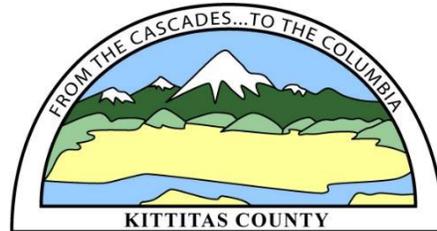
*(ADDITIONAL LINES ON NEXT PAGE)* **TOTAL SUB CONTRACTS:** \$ -

**APPROVED INDIRECT COST RATE (ICR)**  **APPROVED ICR BASE (SALARIES, SALARIES & BENEFITS, ETC)**

**IF NONE, DEFAULT ALLOWED AMOUNT IS UP TO 10%**  **ESTIMATED INDIRECT COSTS**

**TOTAL BUDGET PROPOSAL:** \$ -





Kittitas County Human Services

# **Performance Indicators and Evaluation Workbook**

1/10th of 1% Mental Health and Chemical  
Dependency Tax

**Grant Application – Attachment C**

## Attachment C: Evaluation Workbook

### How do I use this workbook?

This workbook is a **required part of the application**. It includes:

- Instructions and funding priorities.
- Detailed objectives to base your project on.
- Required worksheet(s) for you to fill out. You must fill out at least one.
- An example worksheet.

### Instructions

1. Fill out the worksheet(s) that best fits your proposed project(s).
  - a. Use the “Detailed Objectives” tables on **pages 3 & 4** to help select the worksheet that best matches your project proposal.
  - b. If your project proposal does not fit one of the “Detailed Objectives”, then you can use the blank template. blank
  - c. To see a completed example worksheet, see **page 11**

### Funding Priority

Funding priority will be given to project proposals that:

- Use evidence-based practices
- Can be adapted to meet the unique needs of Kittitas County
- Align with the goals listed in attachment A: Kittitas County Purpose and Goals
- Include ongoing evaluation, like tracking outputs

#### Why is the focus on measuring **Outputs** and not **Outcomes**?

The funding cycle for this RFP is two years. This timeframe is a better fit for outputs, because they are shorter-term. Outcomes are long-term objectives that the funding can help work towards.

| Definitions              |   |
|--------------------------|---|
| Evidence-based practices | Using the best available and current research. Decisions are supported by data and result in long-term, measurable outcomes.  |
| Outputs                  | The immediate results of the project's activities. This includes any completed products or delivered services. In this workbook outputs are most frequently expressed as numbers and percentages.                                 |
| Outcomes                 | The broader changes that occur as a result of the outputs. Outcomes range from changes in beliefs, attitudes and knowledge to changes in systems and environments. Evaluating outcomes may take anywhere from 1 year to 10 years. |

### Questions

For questions, please refer to the question-and-answer period outlined in the RFP guidelines.

### 1. Detailed Objective: Reducing Stigma and Enhancing Systems

| Objective  | Topic                                     | Description  | Outputs   |
|--|---|--|---|
| <p><b>Reducing Stigma and Enhancing Systems</b></p> <p><i>Focuses on reducing stigma through education, advocating for policy changes, and improving organizational practices.</i></p> | <p><b>Reducing Stigma</b></p>             | <p><i>Efforts to reduce stigma associated with behavioral health through education and awareness.</i></p>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Number of unique individuals exposed to/number of public awareness campaigns and messages</li> <li><input type="checkbox"/> Number and percentage of unique individuals who have demonstrated improvement in knowledge, attitudes, or beliefs related to prevention and/or promotion</li> <li><input type="checkbox"/> Number of schools, workplaces, or other institutions that implement stigma-reduction programs</li> <li><input type="checkbox"/> Number of policies developed and implemented as a result of the grant</li> </ul>             |
|  | <p><b>Policy and Advocacy Efforts</b></p> | <p><i>Initiatives focused on developing and implementing policies and advocating for systemic changes.</i></p>   | <ul style="list-style-type: none"> <li><input type="checkbox"/> Number of policies developed and implemented as a result of the grant</li> </ul>  |
|  | <p><b>Organizational Changes</b></p>      | <p><i>Strategic changes within organizations to improve practices, including hiring and training staff.</i></p>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Number of organizational changes made to support improvement</li> <li><input type="checkbox"/> Number of new staff hired</li> <li><input type="checkbox"/> Number of unique individuals trained in prevention or behavioral health promotion</li> <li><input type="checkbox"/> Number of unique individuals trained in trauma-informed care practices</li> </ul>  |
|  | <p><b>Prevention</b></p>                  | <p><i>Prevention efforts focus on early intervention and education to reduce stigma and improve access to supportive services before crises occur.</i></p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Number of unique individuals exposed to/number of public awareness campaigns and messages</li> <li><input type="checkbox"/> Number and percentage of unique individuals who have demonstrated improvement in knowledge, attitudes, or beliefs related to prevention and/or promotion</li> <li><input type="checkbox"/> Number of schools, workplaces, or other institutions that implement stigma-reduction programs</li> <li><input type="checkbox"/> Number of unique individuals trained in prevention or behavioral health promotion</li> </ul> |

## 2. Detailed Objective: Increasing Prevention and Enhancing Access to Services and Care

| Objective   | Topic  | Description   | Outputs   |
|---|--|---|---|
| <p><b>Increasing Prevention and Enhancing Access to Services and Care</b></p> <p><i>Aims to improve prevention, access to integrated care, enhance crisis intervention services, and strengthen screening and early intervention efforts.</i></p> | <p><b>Increased Usage of Integrated Care Models</b></p>                            | <p><i>Programs to increase the adoption and usage of integrated care models that combine physical and behavioral health services.</i></p>   | <ul style="list-style-type: none"> <li><input type="checkbox"/> Number of unique individuals receiving evidence-based behavioral health-related services as a result of the grant</li> <li><input type="checkbox"/> Number of unique individuals screened for behavioral health related interventions</li> </ul>  |
|   | <p><b>Improved Access to and Usage of Crisis Intervention Services</b></p>         | <p><i>Initiatives to improve the availability and usage of crisis intervention services for people in need.</i></p>   | <ul style="list-style-type: none"> <li><input type="checkbox"/> Number and percentage of unique individuals accessing services after referral</li> <li><input type="checkbox"/> Number of unique individuals referred to crisis or other behavioral health services for suicide risk, ideation, or behavior</li> <li><input type="checkbox"/> Number of unique individuals trained in suicide risk assessment as a result of the grant</li> <li><input type="checkbox"/> Number of unique individuals screened for suicide ideation as a result of the grant</li> </ul> |
|   | <p><b>Improved Screening and Early Intervention</b></p>                            | <p><i>Enhanced screening and early intervention efforts to identify and address issues before they escalate.</i></p>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Number of unique individuals screened for behavioral health or related interventions</li> <li><input type="checkbox"/> Number of unique individuals screened for trauma-related experiences as a result of the grant</li> </ul>   |
|   | <p><b>Organizational Changes</b></p>   | <p><i>Strategic changes within organizations to improve practices, including hiring and training staff.</i></p>   | <ul style="list-style-type: none"> <li><input type="checkbox"/> Number of organizational changes made to support improvement</li> <li><input type="checkbox"/> Number of new staff hired</li> <li><input type="checkbox"/> Number of unique individuals trained in prevention or behavioral health promotion</li> <li><input type="checkbox"/> Number of unique individuals trained in trauma-informed care practices</li> </ul>  |
|   | <p><b>Increased Access to &amp; Usage of Prevention Services or Activities</b></p> | <p><i>Increasing access to and usage of prevention services ensures that people receive the support they need early, improving overall well-being and reducing the need for more intensive interventions.</i></p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Number of unique individuals receiving evidence-based behavioral health-related services as a result of the grant</li> <li><input type="checkbox"/> Number of unique individuals trained in prevention or behavioral health promotion</li> </ul>  |

## 1. Project Objective: Enhancing Systems and Reducing Stigma

|   |
|---|
| <p><b>Project topic (check all that apply):</b></p> <p> <input type="checkbox"/> Prevention                    <input type="checkbox"/> Policy &amp; Advocacy Efforts                    <input type="checkbox"/> Organizational Changes                    <input type="checkbox"/> Reducing Stigma             </p> |
| <p><b>Project Description:</b> What is your project? How does it address the objective of enhancing systems and reducing stigma?</p>  |
| <p><b>Activities:</b> The actions or tasks you will perform to achieve your project objective(s). Detail each step you will take to reach the desired outcomes. For successful applicants, these activities will be listed in your contract’s Scope of Work.</p>  |

**Outputs** (Choose at least 4 outputs for this project.) Outputs are part of the project deliverables. They are the main results you’ll use to track your progress. It is strongly encouraged that at least 3 of the 4 outputs for this project be selected from the list provided.

If you have additional outputs to include, write them in the “other” space provided. If you create other outputs, please be sure they are both measurable and meaningful.

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Number of unique individuals exposed to/number of public awareness campaigns and messages</li> <li><input type="checkbox"/> Number and percentage of unique individuals who have demonstrated improvement in knowledge, attitudes, or beliefs related to prevention and/or promotion</li> <li><input type="checkbox"/> Number of schools, workplaces, or other institutions that implement stigma-reduction programs</li> <li><input type="checkbox"/> Number of policies developed and implemented as a result of the grant</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Number of organizational changes made to support improvement</li> <li><input type="checkbox"/> Number of new staff hired</li> <li><input type="checkbox"/> Number of unique individuals trained in prevention or behavioral health promotion</li> <li><input type="checkbox"/> Number of unique individuals trained in trauma-informed care practices</li> <li><input type="checkbox"/> Other: _____<br/>_____</li> <li><input type="checkbox"/> Other: _____<br/>_____</li> </ul> |
|---|--|

**Attachment C: Evaluation Workbook**

Other: \_\_\_\_\_  
\_\_\_\_\_

**1. Timeline** List each high-level activity or task with its anticipated start and end dates. This will show how you plan to complete your project within the timeframe. If you have this information in a different format, you can attach it to your application and note "See Attachment."

| Activity | Start Date | End Date |
|----------|------------|----------|
|          |            |          |
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## 2. Project Objective: Increasing Prevention and Enhancing Access to Care and Services

|   |   |  |   |   |
|---|---|--|---|---|
| <b>Project topic (check all that apply):</b>  |   |  |   |   |
| <input type="checkbox"/> Increased Usage of Integrated Care Models  | <input type="checkbox"/> Improved Access to and Usage of Crisis Intervention Services | <input type="checkbox"/> Improved Screening and Early Intervention | <input type="checkbox"/> Organizational Changes | <input type="checkbox"/> Increased Access to & Usage of Prevention Services or Activities |
| <b>Project Description:</b> What is your project? How does it address the objective of increasing prevention and enhancing access to care?  |   |  |   |   |
|   |   |  |   |   |
| <b>Activities:</b> The actions or tasks you will perform to achieve your project objective(s). Detail each step you will take to reach the desired outcomes. For successful applicants, these activities will be listed in your contract’s Scope of Work. |   |  |   |   |
|   |   |  |   |   |

**Outputs** (Choose at least 4 outputs for this project.) Outputs are part of the project deliverables. They are the main results you’ll use to track your progress. It is strongly encouraged that at least 3 of the 4 outputs for this project be selected from the list provided.

If you have additional outputs to include, write them in the “other” space provided. If you create other outputs, please be sure they are both measurable and meaningful.

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Number of unique individuals receiving or participating in evidence-based behavioral health-related services as a result of the grant</li> <li><input type="checkbox"/> Number of unique individuals screened for behavioral health or related interventions</li> <li><input type="checkbox"/> Number and percentage of unique individuals accessing services after referral</li> <li><input type="checkbox"/> Number of unique individuals referred to crisis or other behavioral health services for suicide risk, ideation, or behavior</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Number of unique individuals trained in suicide risk assessment as a result of the grant</li> <li><input type="checkbox"/> Number of unique individuals screened for suicide ideation as a result of the grant</li> <li><input type="checkbox"/> Number of unique individuals screened for trauma-related experiences as a result of the grant</li> <li><input type="checkbox"/> Number of organizational changes made to support improvement</li> <li><input type="checkbox"/> Number of new staff hired</li> </ul> |
|---|--|

**Attachment C: Evaluation Workbook**

- Number of unique individuals trained in prevention or behavioral health promotion
- Number of unique individuals trained in trauma-informed care practices

- Other: \_\_\_\_\_  
\_\_\_\_\_
- Other: \_\_\_\_\_  
\_\_\_\_\_

**1. Timeline** List each high-level activity or task with its anticipated start and end dates. This will show how you plan to complete your project within the timeframe. If you have this information in a different format, you can attach it to your application and note "See Attachment."

| Activity | Start Date | End Date |
|----------|------------|----------|
|          |            |          |
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### 3. Blank Template: Additional Project Proposal Form

|  |
|--|
| <b>Project Objective:</b>  |
| <b>Project topic:</b>  |
| <b>Project Description</b> What is your project? How does it address the project objective?  |
| <b>Activities</b> The actions or tasks you will perform to achieve your project objective(s). Detail each step you will take to reach the desired outcomes. For successful applicants, these activities will be listed in your contract's Scope of Work. |

#### Outputs

Outputs are part of the project deliverables. They are the main results you'll use to track your progress. It is strongly encouraged that at least 3 of the 4 outputs for this project be selected from the list provided.

If you have additional outputs to include, write them in the "other" space provided. If you create other outputs, please be sure they are both measurable and meaningful.

- Number of unique individuals exposed to/number of public awareness campaigns and messages
- Number and percentage of unique individuals who have demonstrated improvement in knowledge, attitudes, or beliefs related to prevention and/or promotion
- Number of schools, workplaces, or other institutions that implement stigma-reduction programs
- Number of unique individuals receiving evidence-based behavioral health-related services as a result of the grant
- Number of policies developed and implemented as a result of the grant
- Number of organizational changes made to support improvement
- Number of new staff hired
- Number of unique individuals trained in prevention or behavioral health promotion
- Number of unique individuals trained in trauma-informed care practices

**Attachment C: Evaluation Workbook**

- Number and percentage of unique individuals accessing services after referral
- Number of unique individuals referred to crisis or other behavioral health services for suicide risk, ideation, or behavior
- Number of unique individuals trained in suicide risk assessment as a result of the grant
- Number of unique individuals screened for suicide ideation as a result of the grant
- Number of unique individuals screened for trauma-related experiences as a result of the grant
- Number of unique individuals screened for behavioral health related interventions
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**1. Timeline** List each high-level activity or task with its anticipated start and end dates. This will show how you plan to complete your project within the timeframe. If you have this information in a different format, you can attach it to your application and note "See Attachment."

| Activity | Start Date | End Date |
|----------|------------|----------|
|          |            |          |
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## EXAMPLE OF COMPLETED WORKSHEET

### 1. Project Description

Our project, "Mental Health First Aid for All," aims to teach community members how to help people in mental health crises. We will hold workshops where participants learn to spot signs of mental health problems, give immediate help, and guide people to professional services. Certified mental health professionals will run these workshops at local community centers. This project is important because early help can improve outcomes for those with mental health issues, easing the load on emergency services and making the community healthier. The project manager will oversee the whole project, making sure trainers, venues, and participants are well-coordinated. Our outreach coordinator will promote the workshops and sign-up participants, and our training team will deliver the lessons and provide follow-up support. By teaching community members to be first responders for mental health, we aim to create a safer, more supportive community.

### 2. Activities

- Project Planning and Coordination
  - Develop a project plan with timelines and coordinate with professionals and community centers.
  - Design and review training materials, conduct a pilot workshop, and make adjustments as needed.
- Outreach, Recruitment, and Workshop Implementation
  - Create and distribute promotional materials, and recruit participants through community collaborations.
  - Host workshops with hands-on training, provide incentives, and ensure culturally sensitive content.
- Follow-Up, Support, and Evaluation:
  - Establish a follow-up system and support network, including a helpline and online forum.
  - Collect and analyze feedback, prepare reports, and adjust based on evaluation results.
- Ongoing Community Engagement:
  - Maintain participant relationships and promote mental health through community events and partnerships.
  - Continue awareness efforts and seek additional funding to expand the project.

### 3. Outputs (Select at least 4 outputs for this project.)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Number of unique individuals exposed to/number of public awareness campaigns and messages   | <input type="checkbox"/> Number of schools, workplaces, or other institutions that implement stigma-reduction programs                     |
| <input type="checkbox"/> Number and percentage of unique individuals who have demonstrated improvement in knowledge, attitudes, or beliefs related to prevention and/or promotion | <input type="checkbox"/> Number of unique individuals receiving evidence-based behavioral health-related services as a result of the grant |
|   | <input type="checkbox"/> Number of policies developed and implemented as a result of the grant   |

- Number of organizational changes made to support improvement
- Number of new staff hired
- Number of unique individuals trained in prevention or behavioral health promotion
- Number of unique individuals trained in trauma-informed care practices
- Number and percentage of unique individuals accessing services after referral
- Number of unique individuals referred to crisis or other behavioral health services for suicide risk, ideation, or behavior
- Number of unique individuals trained in suicide risk assessment as a result of the grant

- Number of unique individuals screened for suicide ideation as a result of the grant
- Number of unique individuals screened for trauma-related experiences as a result of the grant
- Number of unique individuals screened for behavioral health related interventions
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

#### 4. Timeline

| Activity                                    | Start Date | End Date   |
|---|------------|------------|
| Develop Project Plan                        | 01/01/2025 | 01/15/2025 |
| Design Workshop Content                     | 01/16/2025 | 02/15/2025 |
| Secure Venues and Schedule Workshops        | 02/16/2025 | 03/01/2025 |
| Create and Distribute Promotional Materials | 03/02/2025 | 03/15/2025 |
| Conduct Pilot Workshop                      | 03/16/2025 | 03/20/2025 |
| Host Community Workshops                    | 04/01/2025 | 09/30/2025 |
| Establish Follow-Up System                  | 10/01/2025 | 10/15/2025 |
| Collect Feedback and Prepare Reports        | 10/16/2025 | 11/15/2025 |
| Ongoing Community Engagement                | 11/16/2025 | Ongoing    |

# Attachment D: Scoring Matrix

## Kittitas County 1/10<sup>th</sup> Mental Health and Chemical Dependency Tax Grant Proposal Scoring

**Applicant:** \_\_\_\_\_ **Reviewer:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Instructions

This scoring matrix is broken into multiple categories, each with a possible score out of 5 to assess both completeness and quality of the information provided. Each category has suggested elements to consider during your review, but your assessment is not limited to those suggestions. Please consider all information provided in the application, including responses to the narrative questions, the performance indicators and evaluation workbook, the budget worksheet, and letters of support or commitment.

The following scale should be used to assign a score for each category.

- 0** No answers provided.
- 1** The proposal does not address the topic and demonstrates no capability to support the project and achieve the project goals.
- 2** The proposal has some relevant information but is incomplete and demonstrates limited capability to support the project and achieve the project goals.
- 3** The proposal addresses all parts of the topic, is somewhat relevant, and demonstrates some capability to support the project and achieve the project goals.
- 4** The proposal is complete, provides additional relevant information, and demonstrates moderate capability to support the project and achieve the project goals.
- 5** The proposal is complete, provides additional relevant information, and demonstrates strong capability to support the project and achieve the project goals.

In addition to a score, please provide a brief explanation of why you selected that score. Finally, please provide an overall recommendation of whether this project should be funded or not and describe why that is your overall recommendation. Please highlight any specific areas of success, concern, and any questions you may have.

These responses will be shared with other advisory board members for discussion, staff, and the Kittitas County Board of County Commissioners to assist in supporting final recommendations. All information provided is considered public record.

Required elements, such as eligibility per Revised Code of Washington (RCW) or Kittitas County requirements, have been assessed by staff and judged to be acceptable.



## Attachment D: Scoring Matrix

| Applicant Qualifications, Capability, and Capacity  | Score:                              |
|---|-------------------------------------|
| <p>Considerations</p> <ul style="list-style-type: none"> <li>• Does the applicant have experience with mental health or substance use projects?</li> <li>• Does the applicant have experience managing public funds?</li> <li>• Does the applicant have other relevant experience that should be considered?</li> <li>• Does the applicant have the skills and abilities to execute this project?</li> <li>• Does the applicant have the appropriate capacity to execute this project?</li> </ul> | <p><b>Explanation of Score:</b></p> |
| Project Priorities and Design   | Score:                              |
| <p>Considerations</p> <ul style="list-style-type: none"> <li>• Did the proposal describe how it will address mental health and substance use in Kittitas County?</li> <li>• Is it clear what the applicant is proposing to do?</li> <li>• Did the applicant describe how the project fills a gap in services?</li> <li>• Did the applicant describe how Kittitas County goals would be addressed?</li> </ul>  | <p><b>Explanation of Score:</b></p> |



## Attachment D: Scoring Matrix

| Project Activities  | Score:                              |
|---|-------------------------------------|
| <p>Considerations</p> <ul style="list-style-type: none"> <li>• Are the proposed activities clearly described?</li> <li>• Do the proposed activities align with the desired outcomes?</li> <li>• Is the timeline of proposed activities achievable?</li> </ul>   | <p><b>Explanation of Score:</b></p> |
| Budget  | Score:                              |
| <p>Considerations</p> <ul style="list-style-type: none"> <li>• Did the applicant describe how funds will be used for the project?</li> <li>• Do the budget details align with the project proposal?</li> <li>• Are the expenses reasonable and necessary to achieve the goals of this proposal?</li> </ul>  | <p><b>Explanation of Score:</b></p> |
| Support and Sustainability  | Score:                              |
| <p>Considerations</p> <ul style="list-style-type: none"> <li>• Did the applicant describe the sustainability of the project if the County funds were no longer available?</li> <li>• Did the applicant describe how the proposal could be adjusted for partial funds?</li> <li>• Is there other financial support for this project that may increase sustainability?</li> </ul> | <p><b>Explanation of Score:</b></p> |



# Attachment D: Scoring Matrix

|                                |
|--------------------------------|
| <b>Total Score out of 25:</b>  |
| <b>Reviewer Recommendation</b> |
|                                |
| <b>Additional Comments</b>     |
|                                |



## Attachment E: Proof of Insurance

Applicants must provide proof of insurance for:

- 1) Commercial General Liability Insurance.
  - a. Coverage limits not less than:
    - i. \$1,000,000 per occurrence per project
    - ii. \$2,000,000 general aggregate
    - iii. \$1,000,000 products & completed operations aggregate
    - iv. \$1,000,000 personal and advertising injury, each offense
  
- 2) Stop Gap/Employers Liability.
  - a. Coverage limits not less than:
    - i. \$1,000,000 each accident
    - ii. \$1,000,000 disease – policy limit
    - iii. \$1,000,000 disease – each employee
  
- 3) Commercial Automobile Liability Insurance.
  - a. Liability for owned, non-owned, hired, and leased vehicles, with an MCS 90 endorsement and a CA 9946 endorsement attached if ‘pollutants’ are to be transported.
  - b. Coverage limits not less than:
    - i. \$1,000,000 combined single limit
  
- 4) Workers’ Compensation.
  - a. Workers’ Compensation in amounts required by law.

## Attachment F: Certification and Authorized Signature

*Please provide the following signed document as a separate PDF attachment to your submission email.*

To the best of my knowledge and belief, the information contained in this application, and in the additional required documentation submitted with this application, is true and correct. I understand that any false information or omission may disqualify my organization from further consideration for County Funding. I authorize the investigation of any or all statements contained in this application and any other information pertinent to this application and my organization and its employees and board members.

The signatory possesses the legal authority to apply for and receive funding from Kittitas County, and the person signing the application has the proper authority from the governing body of the organization. The applicant understands the County will not be responsible for any costs incurred by the applicant in developing and submitting this application, and that all applications submitted become the property of the County and applications are public record.

---

Signature of Authorized Signatory

Date

---

Print Name of Authorized Signatory

Title