

# Napa County Health and Human Services Agency Tobacco Master Settlement Agreement Grant Pre-Application

Fiscal Year 2013-2014

## **Cover Sheet**

Agency and Contact Information					
Lead Agency		Contact			
Agency Address		Contact Phone Number	er		
Agency Fax Number		Contact Email			
Project Title and Purpo	ose				
Project Title					
Project Purpose Briefly state what the project will accomplish.					
Project Funding					
Total Funding Requested (up to three years)	Year 1	Year 2	Year 3		
\$	\$	\$	\$		
Is this project currently funded by an MSA grant?		<u> </u>			
Agency Signature					
By signing below, the app behalf of the applying age	ency, that the app		to submit this application on e Minimum Qualifications set art of this application are true		
Applicant Printed Name & T	ïtle	Applicant Signature	Date		

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### **Minimum Qualifications:**

Please initial to certify that the applicant meets each of the following minimum qualifications:

Initials	Minimum Qualification					
	′ ''	nust either be legally formed non-profit organizations exempt from State and Federal a local government agency. Non-profit applicants must submit a copy of a letter from the g nonprofit status.				
	otherwise ineligible to	ply for MSA grant funds, applicants must not be excluded, suspended, debarred, or participate in the Federal Health Care Programs. However, applicants are eligible at funds if they have been reinstated to participation in the Federal Health Care od of exclusion.				
	c) Applicants must no items or services.	t have been convicted of a criminal offense related to the provision of health care				
	the workplace; have a clients; and have a to	mply with all applicable federal, state, and local regulations regarding smoking in a policy relating to the use of tobacco products by staff and/or volunteers and/or bacco use prevention practice incorporated in the proposed program. Applicants cant application packet, provide evidence of such policies and practices.				
	services in one of the	must be used for projects that provide health services and/or health-related grant categories named below. Applicants are invited to submit grant requests that including services for individuals and families. Please check the categories ject application.				
	Health and	Service connection and access Disease prevention				
	Wellness:	Disease education/management Health care				
	Alcohol, Tobacco	Service connection and access Prevention/promotion				
	and Drugs:	Early intervention Treatment/cessation Recovery support				
	Mental Health:	Service connection and access Prevention/promotion				
	Brief intervention or treatment					
	Youth Development:	Mentoring After-school programs Leadership development				
	Basic Social Safety Net Needs:	Food Shelter Economic self-sufficiency				
	f) All applicants and all grant-funded activities, projects, and undertakings must comply with all applicants, including those pertaining to civil rights, confidentiality and privacy, regulatory compliance, are where applicable, employment and housing.					
	g) Substantially all fur County.	nding awarded must be used for the provision of services to residents of Napa				

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#### **Narrative Criteria:**

Please respond to the following five items in no more than two pages, using 12-point Arial or Times New Roman font, single-spaced, with one-inch margins. Up to one additional page may be included to provide citations. Please refer to the document titled "Master Settlement Agreement Grant Application Process, Fiscal Year 2013-2014" for more detail on the Pre-Application Process.

- 1. Identify the underserved and low income population targeted by the project. Clearly link this description to the unmet need(s), project description and project outcomes.
- 2. Describe the unmet local need(s) addressed by this application. Clearly link this description to the target population, project description and project outcomes.
- 3. Project Description.
  - a. Provide a clear and concise summary of the project that links to the target population, unmet need(s), and project outcomes.
  - b. If the description includes a larger program than is solely funded by MSA, clearly identify which activities, components, etc. will be supported by this application.
- 4. Describe project outcomes. Clearly link this description to the project description, unmet need(s) and target population.
- 5. Describe the evidence base for the proposed project in a way that allows the rater to understand and verify the evidence supporting the proposed practice by:
  - Identifying the Evidence-Based Practice (EBP) that will be supported by this application.
  - b. Citing EBP registries, research summaries, or other authorities that rate or describe the support for the practice AND/OR
  - c. Outlining the research support for the program.

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## **Pre-Application Checklist**

Documents should be assembled in the following order and forms completed and signed. Please initial to indicate that each of the following has been completed and is contained in the preapplication:

Application Section	Maximum Number of Pages	Completed (initial)
Cover sheet, with signature	1	,
Cover sneet, with signature	l l	
Minimum qualifications	1	
Narrative criteria 1-5	2	
Narrative criteria citations (optional)	1	

Attachments	Completed (initial)
Letter from Internal Revenue Service determining non-profit status	
Evidence of Agency's Tobacco Policy and Practices, per Minimum Qualification 2d	

A PDF copy of the pre-application is due to Mitch Wippern (mitch.wippern@countyofnapa.org) by 5:00 p.m. on November 28, 2012.