A Tradition of Stewardship
A Commitment to Service

Napa County Health and Human Services Agency
Tobacco Master Settlement Agreement Grant
Pre-Application
Fiscal Year 2014-2015

Cover Sheet

Agency and Contact Information

Lead Agency	Contact
Agency Address	Contact Phone Number
Agency Fax Number	Contact Email

Project Title and Purpose

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?			

Agency Signature

By signing below, the applicant confirms that he/she has the authority to submit this application on behalf of the applying agency, that the applying agency meets all of the Minimum Qualifications set forth below, and that all other statements and materials submitted as part of this application are true and accurate.

Applicant Printed Name & Title	Applicant Signature	Date

Napa County Health and Human Services Agency
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Minimum Qualifications:

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

Initials	Minimum Qualification	
	a) Applicants must either be legally formed non-profit organizations exempt from State and Federal taxation or be a local government agency. Non-profit applicants must submit a copy of a letter from the IRS determining nonprofit status.	
	b) To be eligible to apply for MSA grant funds, applicants must not be excluded, suspended, debarred, or otherwise ineligible to participate in the Federal Health Care Programs. However, applicants are eligible to apply for MSA grant funds if they have been reinstated to participation in the Federal Health Care Programs after a period of exclusion.	
	c) Applicants must not have been convicted of a criminal offense related to the provision of health care items or services.	
	d) Applicants must comply with all applicable federal, state, and local regulations regarding smoking in the workplace; have a policy relating to the use of tobacco products by staff and/or volunteers and/or clients; and have a tobacco use prevention practice incorporated in the proposed program. Applicants shall, as part of the grant application packet, provide evidence of such policies and practices.	
	e) All grant proceeds must be used for projects that provide health services and/or health-related services in one of the grant categories named below. Applicants are invited to submit grant requests that benefit any age group, including services for individuals and families. Please check the categories applicable to your project application.	
	Health and Wellness:	☐ Service connection and access ☐ Disease prevention ☐ Disease education/management ☐ Health care
	Alcohol, Tobacco and Drugs:	☐ Service connection and access ☐ Prevention/promotion ☐ 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 applicable laws, including those pertaining to civil rights, confidentiality and privacy, regulatory compliance, and, where applicable, employment and housing.	
	g) Substantially all funding awarded must be used for the provision of services to residents of Napa County.	

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 2014-2015" 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:
    a. 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.

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 pre-application:

Application Section	Maximum Number of Pages	Completed (initial)
Cover sheet, with signature	1	
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 Ben King (benjamin.king@countyofnapa.org) by **5:00 p.m. on November 8, 2013.**