

## Application Checklist

**Due by 11:59 p.m. on Thursday, October 10, 2019**

<b>Date of Submission</b>	
<b>Coalition Name</b>	
<b>Application Contact Name</b>	
<b>Phone Number</b>	
<b>E-mail Address</b>	

**The following documents must be completed and submitted with this Application Checklist by 11:59 p.m. on October 10, 2019.**

<b>Attachment</b>	<b>Required Document</b>	<b>Document Type</b>	<b>Please Check</b>
A	Application Checklist	Word	<input type="checkbox"/>
B	Grantee Information Form	Word	<input type="checkbox"/>
C	Organizational Capacity	Word	<input type="checkbox"/>
D	Project Narrative	Word	<input type="checkbox"/>
E	Scope of Work	Word	<input type="checkbox"/>
F	Work Plan	Word	<input type="checkbox"/>
G	Budget Detail	Excel	<input type="checkbox"/>
H	Budget Narrative	Word	<input type="checkbox"/>
I	Darfur Contracting Act	Word	<input type="checkbox"/>
J	Government Agency Tax ID Form	PDF	<input type="checkbox"/>
K	Payee Data Record	PDF	<input type="checkbox"/>
L	Contractor Certification Clause	PDF	<input type="checkbox"/>
<i>Other</i>	Proof of 501(c)(3) Status	PDF	<input type="checkbox"/>
<i>Other</i>	Letters of Recommendation/ Commitment	PDF	<input type="checkbox"/>

**Select Tier:**       Tier 1       Tier 2       Tier 3



E-mail the documents to: [PDOP@cdph.ca.gov](mailto:PDOP@cdph.ca.gov)

**Injury and Violence Prevention Branch (IVPB)  
Grantee Information Form**

**Complete all 7 sections below and submit this document with your application.**

**1. Organization**

This information will appear on your grant agreement cover and should match the legal name and address on your IRS documents.

Federal Tax ID: \_\_\_\_\_ Grant #: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_

County: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Website: \_\_\_\_\_

**2. Grant Signatory**

The ***Grant Signatory*** has authority to sign the grant agreement cover.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**If address(es) are the same as Organization above, check this box & skip to Phone #**

Mailing Address: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

**Injury and Violence Prevention Branch (IVPB)  
Grantee Information Form**

**3. Project Director**

The ***Project Director*** is responsible for all the day-to-day activities of project implementation and for seeing that all grant requirements are met. This person will be in contact with IVPB staff, will receive all programmatic, budgetary, and accounting mail for the project, and will be responsible for the proper dissemination of program information.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**If address(es) are the same as Organization above, check this box & skip to Phone #**

Mailing Address: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

**4. Payment Receiver**

All payments are sent to the attention of the ***Payment Receiver*** at the designated address.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**If address(es) are the same as Organization above, check this box & skip to Phone #**

Mailing Address: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

**Injury and Violence Prevention Branch (IVPB)  
Grantee Information Form**

**5. Fiscal Reporter**

The ***Fiscal Reporter*** prepares invoices, maintains fiscal documentation and serves as the primary contact for all related questions.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

If address(es) are the same as Organization above, check this box & skip to Phone #

Mailing Address: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

**6. Fiscal Signatory**

The ***Fiscal Signatory*** has signature authority for invoices and all fiscal documentation reports.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

If address(es) are the same as Organization above, check this box & skip to Phone #

Mailing Address: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

**7. Funding Amount Requested**

List the ***amount of funding*** your organization is requesting on this grant application.

Year 1      \$ \_\_\_\_\_

Year 2      \$ \_\_\_\_\_

Year 3      \$ \_\_\_\_\_

**Total**      \$ \_\_\_\_\_

## **Organizational Capacity**

**Please see the RFA for instructions for preparing and submitting your Organizational Capacity.**

Format the Organizational Capacity as follows:

- Single-spaced with one-inch margins at the top, bottom, and both sides.
- Use “Arial” 12 point font.
- Number pages sequentially in the lower right corner.

## **Project Narrative**

**Please see the RFA for instructions for preparing and submitting your Project Narrative.**

**Use this Template.**

Format the Project Narrative as follows:

- Single-spaced with one-inch margins at the top, bottom, and both sides.
- Use “Arial” 12 point font.
- Number pages sequentially in the lower right corner.

Exhibit A  
Scope of Work  
January 1, 2020 – August 31, 2022

**Contractor shall perform the following services:**

- 1. Translate Data into Action**  
Utilize the California Opioid Data Surveillance Dashboard and other local resources to monitor and address jurisdictional problems through implementation of local interventions.
- 2. Expand Medication Assisted Treatment (MAT) Access**  
Work with partners to increase availability and access of all three FDA-approved forms of MAT (methadone, buprenorphine, and naltrexone).
- 3. Develop and Adopt Local Opioid Policies and Procedures**  
Promote evidence-based practices through implementation of local opioid policies and procedures in multiple organizations and agencies.
- 4. Promote Public Education and Awareness**  
Implement CDPH, DHCS, and/or CDC-sponsored public education campaigns.
- 5. Increase Access to Care and Services for High-Risk Populations**  
Work with partners to expand outreach and services to high-risk populations (pregnant women, veterans, older adults, youth, and incarcerated individuals).
- 6. Promote Harm Reduction Services**  
Work with SSPs and other county organizations to increase access to harm reduction services.
- 7. Increase Access to Naloxone**  
Work with partners to increase naloxone availability and distribution sites.
- 8. Promote Safe Prescribing**  
Promote opioid stewardship to support prescribers with patients on opioid medication to reduce dropped patients and rapid tapers, and promote the use of alternative pain management options.
- 9. Implement Drug Prevention Activities**  
Partner with law enforcement and drug courts to develop strategies to reduce the negative consequences of illicit drugs.

## Work Plan Template

### Instructions:

- Indicate your coalition's selected Tier.
- Insert your coalition's proposed activities for the three required objectives.
- Insert your coalition's proposed activities for the elective objective(s) selected. (All six elective objectives are included in this template. Only complete the objectives selected in your Scope of Work.)
- Include baseline measurements for all activities (current county status/data).
- Utilize as many pages as needed to include all activities under required and elective objectives.
- Be sure that your deliverables span the full grant period (some with due dates during the first year, some the second, and some the third year).
- Number pages sequentially in the lower right corner.



Work Plan Template  
**SAMPLE**

January 1, 2020 – August 31, 2022

Select Tier:     Tier 1         Tier 2         Tier 3

**REQUIRED OBJECTIVES**

**Objective # 1:** By August 31, 2022, (insert your organization name here) will conduct (insert number) of activities for each SMART (Specific, Measurable, Achievable, Realistic, Time-bound) objective (three required and selected optional).

Activities	Responsible Staff	Timeline	Deliverables
In this column, list all activities to be performed to implement the objective. Please quantify the activity (e.g. <i>three</i> presentations) and provide adequate detail to describe actionable steps and expected outcomes.	List the position(s) responsible for completing this activity. The identified responsible staff should align with the positions identified in the budget.	Identify start/end months of the activity, such as:  Jan 2020 – Jun 2020	Identify the deliverables that will be submitted to document progress, such as collected data, agendas, educational materials, etc.

**Work Plan**

**January 1, 2020 – August 31, 2022**

**Select Tier:**     Tier 1         Tier 2         Tier 3

**Required Objectives**

**Objective #1:** By August 31, 2022, (insert your organization name here) will conduct (insert number) of activities that will utilize data (from the CA Dashboard and local sources) to inform coalition interventions.

Activities	Responsible Staff	Timeline	Deliverables

**Work Plan**  
**January 1, 2020 – August 31, 2022**

**Objective #2:** By August 31, 2022, (insert your organization name here) will conduct (insert number) of activities to work with partners to increase availability and access to medication assisted treatment.

<b>Activities</b>	<b>Responsible Staff</b>	<b>Timeline</b>	<b>Deliverables</b>

**Work Plan**

**January 1, 2020 – August 31, 2022**

**Objective #3:** By August 31, 2022, (insert your organization name here) will conduct (insert number) of activities to promote evidence-based practices through implementation of local opioid policies and procedures in local organizations and agencies.

Activities	Responsible Staff	Timeline	Deliverables

**Work Plan**  
**January 1, 2020 – August 31, 2022**

**Elective Objectives**

**Objective #4:** By August 31, 2022, (insert your organization name here) will conduct (insert number) of activities to promote public education and awareness through implementation of CDPH, DHCS and/or CDC-sponsored public education campaigns.

Activities	Responsible Staff	Timeline	Deliverables

**Work Plan**  
**January 1, 2020 – August 31, 2022**

**Objective #5:** By August 31, 2022, (insert your organization name here) will conduct (insert number) of activities to increase access to care and services for high-risk populations (pregnant women, veterans, older adults, youth, and incarcerated individuals).

Activities	Responsible Staff	Timeline	Deliverables

**Work Plan**  
**January 1, 2020 – August 31, 2022**

**Objective #6:** By August 31, 2022, (insert your organization name here) will conduct (insert number) of activities to work with Harm Reduction Services and SSPs and other county agencies/organizations to increase access to harm reduction services.

Activities	Responsible Staff	Timeline	Deliverables

**Work Plan**

**January 1, 2020 – August 31, 2022**

**Objective #7:** By August 31, 2022, (insert your organization name here) will conduct (insert number) of activities to increase naloxone availability and distribution sites (collaborate with partner groups as needed).

Activities	Responsible Staff	Timeline	Deliverables



**Work Plan**

**January 1, 2020 – August 31, 2022**

**Objective #8:** By August 31, 2022, (insert your organization name here) will conduct (insert number) of education and outreach activities to prevent prescribers from dropping patients (with SUD symptoms) and/or implementing rapid tapers and to promote the use of alternative pain management options.

Activities	Responsible Staff	Timeline	Deliverables

**Work Plan**

**January 1, 2020 – August 31, 2022**

**Objective #9:** By August 31, 2022, (insert your organization name here) will conduct (insert number) of drug prevention activities to reduce the negative consequences of illicit drugs (collaborate with law enforcement agencies as needed).

Activities	Responsible Staff	Timeline	Deliverables

This is a sample image of the Budget Detail. To receive the Excel version, please email: [PDOP@cdph.ca.gov](mailto:PDOP@cdph.ca.gov).

Budget Detail												
01/01/20 - 08/31/22												
			Year (1) [8 months] 01/01/20 - 08/31/20			Year (2) 09/01/20 - 08/31/21			Year (3) 09/01/21 - 08/31/22			
Personnel												
Position Title	SOW Reference	Annual Salary Range	FTE	Avg. Salary	Budget	FTE	Avg. Salary	Budget	FTE	Avg. Salary	Budget	
					\$0			\$0			\$0	\$0
					\$0			\$0			\$0	\$0
					\$0			\$0			\$0	\$0
					\$0			\$0			\$0	\$0
					\$0			\$0			\$0	\$0
					\$0			\$0			\$0	\$0
<b>Total Salaries and Wages</b>					\$0		\$0		\$0		\$0	\$0
Fringe Benefits												
				Percentage			Percentage			Percentage		
Fringe Benefits				40%	\$0		40%	\$0		40%	\$0	\$0
<b>Total Personnel</b>					\$0		\$0		\$0		\$0	\$0
Operating Expenses												
Operating Expenses	SOW Reference				Budget			Budget			Budget	
												\$0
												\$0
												\$0
												\$0
												\$0
												\$0
												\$0
<b>Total Operating Expenses</b>					\$0		\$0		\$0		\$0	\$0
Subcontractors												
Subcontractors	SOW Reference				Budget			Budget			Budget	
												\$0
												\$0
												\$0
<b>Total Subcontractors</b>					\$0		\$0		\$0		\$0	\$0
Total Indirect Costs												
				Percentage	Budget		Percentage	Budget		Percentage	Budget	
Total Indirect Costs				25.0%			25.0%			25.0%		\$0
<b>Total Costs</b>					\$0		\$0		\$0		\$0	\$0

**Budget Narrative**  
**Budget Year 01/01/20 – 08/31/20**

<b><u>Personnel</u></b>		<b>\$0.00</b>
Title	FTE: 00%	\$0.00
Description of Duties		
Title	FTE: 00%	\$0.00
Description of Duties		
Title	FTE: 00%	\$0.00
Description of Duties		
Title	FTE: 00%	\$0.00
Description of Duties		
Title	FTE: 00%	\$0.00
Description of Duties		

<b><u>Fringe Benefits @ xx.xx%</u></b>	<b>\$0.00</b>
Description of what is paid for with Fringe Benefits funds.	

<b><u>Operating</u></b>	<b>\$0.00</b>
List each item, a description, how the total amount is calculated, and if applicable, the related SOW objectives.	
Item 1: Description	\$0.00
Item 2: Description	\$0.00
Item 3: Description	\$0.00
Item 4: Description	\$0.00
Item 5: Description	\$0.00
Item 6: Description	\$0.00

<b><u>Subcontracts/Consultants</u></b>	<b>\$0.00</b>
Name of subcontractor/consultant, (if not known use TBD) list of duties to complete specific objective(s) in the SOW, total hours, and amount.	\$0.00
Sub 1: Description	\$0.00
Sub 2: Description	\$0.00
Sub 3: Description	\$0.00
Sub 4: Description	\$0.00
<b><u>Indirect Costs @ xx.xx%</u></b>	<b>\$0.00</b>
Description of what is paid for with Indirect Costs funds, and CDPH rate approved for your County/City (Example: 25% of Personnel and Fringe Benefit costs).	
<b>Total Budget</b>	<b>\$0.00</b>

## Darfur Contracting Act

Pursuant to Public Contract Code (PCC) sections 10475-10481, the Darfur Contracting Act's intent is to preclude State agencies from contracting with scrutinized companies that do business in the African nation of Sudan. A scrutinized company is a company doing specified types of business in Sudan as defined in PCC section 10476. Scrutinized companies are ineligible to, and cannot, contract with a State agency for goods or services (PCC section 10477(a)) unless obtaining permission from the Department of General Services according to the criteria set forth in PCC section 10477(b).

Therefore, to be eligible to contract with the California Department of Public Health, please initial **one of the following** three paragraphs and complete the certification below:

1.        \_\_\_\_\_  
          Initials            We do not currently have, or we have not had within the previous three years, business activities or other operations outside of the United States.

**OR**

2.        \_\_\_\_\_  
          Initials            We are a scrutinized company as defined in Public Contract Code section 10476, but we have received written permission from the Department of General Services (DGS) to submit a bid or proposal pursuant to Public Contract Code section 10477(b) or submit a contract/purchase order. A copy of the written permission from DGS is included with our bid, proposal or contract/purchase order.

**OR**

3.        \_\_\_\_\_  
          Initials            We currently have, or we have had within the previous three years, business activities or other operations outside of the United States, but we certify below that we are not a scrutinized company as defined in Public Contract Code section 10476.

**CERTIFICATION**

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind this company to the clause listed above. This certification is made under the laws of the State of California.

<i>Company Name (Printed)</i>	<i>Federal ID Number</i>
<i>By (Authorized Signature)</i>	
<i>Printed Name and Title of Person Signing</i>	
<i>Date Executed</i>	<i>Executed in the County and State of</i>