# **ATTACHMENT B: Signature Page and Proposal Response**

 **SIGNATURE PAGE**

**Request for Proposals # 2025CDIP743RFP**

Title: Cannabis, Commercial Tobacco, and Vaping Prevention Community Change Grant

Due Date and Time:  **March 12th, 2025 no later than 2:00 PM PST**

Contract Specialist: Kishan Scipio

**Submit Proposal to: CPRES-CDIP@kingcounty.gov**

All submitted RFP responses become public information and may be reviewed by anyone requesting to do so at the end of the selection process. RFP responses will become the property of King County and will not be returned to the Proposers.

Proposals must include this Signature Page signed and dated by the President of the Board, Executive Director, or someone who has the full authority to legally bind the entity submitting the RFP response to the contents of the RFP response.

A selected Proposer will be required to enter into an Agreement with King County, which will be initiated by Public Health, Seattle & King County (PHSKC). PHSKC’s standard agreement terms and conditions are included in this RFP as an Attachment, as are any terms and conditions of the funding source. These terms and conditions are subject to change prior to execution of the actual Agreement.

***I understand the terms and conditions of the RFP and agree to meet the requirements of PHSKC if an award is made. All information provided in this Proposal is true and accurate to the best of my knowledge. Proposed program design and costs shall be valid until at least the end of the Proposer’s current fiscal year. I have read the potential Agreement terms and conditions and do hereby accept them as presented. I understand that the actual Agreement will be sent subsequent to award for my signature.***

**Signature:**  **Date:**

**Printed Name & Title:**

**Organization Information**

Organization Name:

Address:

**Primary Contact Information**

Name:

Title:

Email Address:

Phone:

**Secondary Contact Information**

Name:

Title:

Email Address:

Phone:

**ALL PAGES IN THIS ATTACHMENT MUST ACCOMPANY YOUR SUBMITTAL**

This Request for Proposals will be provided in alternative formats upon request to

cpres-CDIP@kingcounty.gov

**PROPOSAL RESPONSE**

 **Instructions:**

*Please respond in writing to the questions below. If another method of submission is needed, please email* *cpres-CDIP@kingcounty.gov* *for options. Please read the rating criteria in* ***Section VI Part A*** *of the RFP announcement before answering the questions below. There is no minimum length for a response, but please limit responses to under 500 words for each question.*

*Please include all the information asked for each question as part of the response to that question. This will help the review team use the criteria to rate responses. The review team may not be able to find information that is part of the response to another question. Include relevant qualitative, quantitative, historical, and/or your organizational data or information that supports responses for any of the following questions.*

|  |
| --- |
| **PROPOSAL RESPONSE QUESTIONS** |
| **Context of the Project** |
| 1. **What is the impact of cannabis, commercial tobacco, and vapor use on the youth (ages 12-20) you will work with?** Please identify the group of youth you wish to benefit from this grant. Share what you know about the use of cannabis, commercial tobacco, and vapor products among this group. Describe how these substances are affecting youth in this group (what outcomes they experience).
 |
| 1. **What influences use or harmful outcomes of use among the youth you work with?** Please share what affects youth use and outcomes for this group. See the table in **RFP Section II PART B** for examples. Include any social, medical, and health inequities that may increase risk or affect protective factors for this group.
 |
| **Project Goals and Information** |
| 1. **What Community Change project do you propose for this grant?** Please describe the project you would implement with funding from a Community Change Grant.
 |
| 1. **What Community Changes will come from this project?** Please identify the goals of the proposed project. Connect these goals to the influences on youth use and harmful outcomes you described above. Include the related risk and protective factors you expect to see change **(RFP Section II PART B).**
 |
| **Youth Engagement and Leadership** |
| 1. **How is your organization connected to the youth you will serve with this grant?** Please share why your organization is in a good position to work on this project with the group of youth identified. Include your relationships with youth, the adults who care about them, and the places that affect them.
 |
| 1. **How will your organization include youth voice and develop youth leadership in the proposed project?** Please identify youth roles and influence in developing and implementing the grant project. Describe skills youth will learn and other benefits to youth such as compensation for their time.
 |
| **Organizational Capacity, Equity Practice, and Grant Management** |
| 1. **How is your organization ready to manage a Community Change Grant and do this project?** Please describe how this work will align with the work of your organization. Share information about any staff, partnerships, and other resources your organization has that will help ensure project success. Include experiences or resources that will support meeting grant requirements (**Section IV PART B).**
 |
| 1. **How will the Community Change Grant build your organization’s capacity to address youth substance use and harm from use?** Please share any resources, experiences, or skills you see your organization, your partners, and/or your community developing from work on this grant that will support future prevention and health promotion efforts.
 |
| 1. **How does your organization promote equity and social justice?** Describe equity practices within your organization such as sharing decision-making power with community and identify how your organization addresses social and health inequities in King County (**RFP Section II PART C).**
 |
| **Proposed Budget** |
| 1. **Develop a budget that will illustrate how you will use funds over the course of two to four years.** Budget must be completed in Attachment C*.* Include the number of years you are requesting for the award and the total amount requested, as well as the details in the budget template.

 *Include a complete Attachment C: Budget Template with your Proposal Response. Do not include budget details here.*  |