**Washington State Department of Health**

**Community Outreach Funding Opportunity Information Sheet**

Organization name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Key contact (name, email, phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you eligible?

* Your organization or business is located in Washington State, or you are Tribal Government or organization located within Washington State.
* Your organization or business regularly works within a community or communities disproportionately impacted by COVID-19, with those who are at higher risk, and/or works address access issues related to COVID-19 information or services.
* Priority given to Washington, small, community-based entities:
  + Eligible businesses: Under 7 million in revenue or under 50 employees, and/or OMWBE-certified.
  + Non-profits and community-based organizations are also encouraged to apply as trusted messengers to disproportionately impacted communities.

**GENERAL QUESTIONS:**

1. **Are there any approval considerations or processes that you still need to follow?** Please share for our awareness. It is OK to pre-submit this information sheet before you finish your approval processes. We will follow-up with you if we have any questions.

\_\_\_ Yes

\_\_\_ No

1. **Do you have a** [**state vendor identification number**](https://des.wa.gov/services/contracting-purchasing/doing-business-state/receiving-payment-state/statewide-vendor-number-lookup)**?** (This is not required to be a recipient).

\_\_\_ Yes

\_\_\_ No

**COMMUNITY OUTREACH QUESTIONS:**

***If you received these funds:***

1. **What communities would you serve?**
2. **What is your relationship with this community/these communities?** (Please include details that support why you will be a trusted and effective source of information)
3. **Would your efforts address any information access issues?**

\_\_\_ Disability

\_\_\_ Language (please see example list on last page and list all language groups)

\_\_\_ Culture

\_\_\_ Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list languages (if relevant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Would your outreach include any of the following communities at higher risk?**

\_\_\_ Older adults

\_\_\_ People with underlying health conditions

\_\_\_ Pregnant people

1. **Would your outreach focus on any of the following groups who are at higher risk because of their:**

\_\_\_ Living situation (examples: people experiencing homelessness, people in shared or traditional housing, people who are incarcerated/detained)

\_\_\_ Employment situation (examples: essential workers in high-risk settings, farmworkers)

\_\_\_ Family situation (example: survivors of domestic violence)

\_\_\_ Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Briefly describe the outreach and communication activities you would use these funds for (about one paragraph).**
2. **Do you have materials that demonstrate past/current work in the areas you are proposing (i.e. website, articles, past project/work samples)?** This is not a required to be a recipient.
3. **What counties and/or cities do you plan to serve?**

**LANGUAGE INFORMATION:**

**Top Language Groups**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Spanish 2. Vietnamese 3. Russian 4. Ukrainian 5. Tagalog 6. Somali 7. Korean 8. Arabic 9. Punjabi 10. Cambodian | 1. Chinese (simplified) 2. Chinese (traditional) 3. Marshallese 4. Samoan 5. Hindi 6. Amharic 7. Japanese 8. Telugu 9. Urdu 10. Lao | 1. Rumanian 2. Tigrinya 3. Farsi 4. Tamil 5. French 6. Nepali 7. Hmong 8. Chuuk 9. Mixteco 10. Swahili | 1. German 2. Pilipino/Filipin 3. Burmese 4. Thai 5. Oromo 6. Karen 7. Portuguese |

**Priority Language Groups for alternative communication methods (for example: video or audio)**

|  |  |
| --- | --- |
| * Khmer * Amharic * Marshallese * Tigrinya * Somali * Samoan * Fijian * Chuukese * Tongan | * Palauan * Chamorro * Mixteco Bajo * Triqui * Mam * Aguateco-Chinateco * P’urhpecha * Kiswahili * American Sign Language |

**If you are interested in being considered for this funding opportunity, please fill out this information sheet and email** [**DOH-CETF@doh.wa.gov**](mailto:DOH-CETF@doh.wa.gov). You can submit an information sheet even if you are pending board or other approval considerations. Please just note this in your application for our awareness.

**Contracts are up to $30,000 each and we anticipate awarding at least 17 awards.**

**PROCESS:**

* Interested organizations and businesses submit information sheets for consideration by:
  + 11:59 PM on Sunday, April 26, **OR**
  + 11:59 PM on Sunday, May 3
* The Department will begin reviewing applications on April 27, but will continue to review applications through May 3. Interested organizations and businesses are encouraged to apply early.
* The Department of Health will review all information sheets and will contact finalists for more information about outreach activities and budget.
* All applicants can expect to hear from the Department of Health by Saturday, May 23.