**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**. 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.