

**Attachment A: Application Narrative (70 points)**
Communities that care (CTC) Minnesota – Youth substance USE prevention grants

## Instructions

Please complete all fields in this application. If you experience problems with the application or need the application in a different format, please email health.super.mdh@state.mn.us.

The application narrative can be up to 14 pages, using 12-point Calibri font, one-inch margins, single spaced, with page numbers.

Please submit your complete application via email to health.super.mdh@state.mn.us with the subject line **“CTC RFP Application – Organization Name**.**”** Applications may ***not***be mailed, or hand delivered to MDH.

Remember, you must submit the following for the application to be considered complete:

1. Application Narrative (Attachment A -- this form)
2. Activity Timeline (Attachment B)
3. Budget (Attachment C)
4. Due Diligence Review Form (Attachment D)
5. Applicant Conflict of Interest Disclosure Form (Attachment E)
6. Nonprofit Financial Documentation per Due Diligence Form, if applicable
7. Minimum of Three Letters of Commitment

## Project category

Identify the community your organization is applying to serve:

Is your organization applying for funds to **establish a new coalition** with the Communities That Care model?

\_\_\_ YES \_\_\_\_ NO

If NO, please describe the current status of the established coalition/collective applying for this grant and its funding sources:

## Lead organization

Lead organization name:

Executive Director/Chief Executive Officer:

Address:

Web Address:

Federal Employer ID (EIN):

Minnesota Tax ID:

## Fiscal agent (if different from lead organization; leave blank if no fiscal agent)

Lead organization name:

Executive Director/Chief Executive Officer:

Address:

Federal Employer ID (EIN):

Minnesota Tax ID:

## Project contact

Name:

Title:

Phone:

Email:

## Total funding request

**Total funding request:** $

## Application narrative questions

**Organizational Capacity (15 points)**

1. Provide a description of the organization applying:
	1. Mission statement
	2. History and relationship working with the community identified
	3. Experience working in youth substance use prevention
2. Describe your organization’s current efforts and/or plans to ensure equity within your organizational policies and practices:
	1. Capacity in developing and facilitating a coalition
	2. If applicable: experience with the Strategic Planning Framework (SPF) and/or the Communities That Care (CTC) model

**Assess Community Need (25 points)**

1. Describe the community and/or population you intend to serve:
	1. Location, demographics, and other information to provide insights to the community
	2. Specific needs related to youth cannabis and other substance use
	3. Local youth substance use data and/or high-risk health factors (or lack thereof)
	4. *If applicable:* additional local qualitative and quantitative data sources
	5. *If applicable:* indicate if there is a functioning prevention coalition in the community
2. Provide an overview of how the applicant will:
	1. Assess community’s needs
	2. Engage key collaborators
	3. Implement the Communities That Care model

**Project design, implementation, and performance measurement (15 points)**

*Responses in this section should align with and expand upon your activity timeline.*

1. Describe the necessary activities and partnerships of the proposal. Please indicate if proposal is within an existing system of prevention and/or the work fits into an existing collaborative effort to prevent substance use, encourage treatment, and support recovery.
2. Describe the outcomes you will work to achieve by the end of the grant period (i.e., what changes among the focus communities do you hope to achieve).
3. Describe the quantitative and qualitative data you will track to measure progress towards goals, objectives, and/or activities. What tools/resources will be used to collect and measure the data?

**Equity, focus population, and cultural competence (15 points)**

1. Describe how your coalition is/will be designed and implemented in a way that is aligned with the cultural practices and values of the intended community.
2. Describe your organization’s ability to provide services or programs in languages other than English. How do these languages correlate with your community?
3. Describe how your organization has worked to identify and improve health disparities in your community. Describe how health equity fits into your organization’s mission, vision, or activities.

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[www.health.state.mn.us](http://www.health.state.mn.us/)

To obtain this information in a different format, email: health.super.mdh@state.mn.us