

APPLICATION

CLAS Standards as a Catalyst for Prevention: A Learning Collaborative

Application Deadline

- May 19, 2023 | 12 noon EDT

Prevention Agency Name:	
Address:	
CEO/Executive Director Name:	
CEO/Executive Director Telephone Number and Email:	
Fiscal Officer Name:	
Fiscal Officer Telephone Number and Email:	
Primary Contact for this Application:	
Title of Primary Contact:	
Primary Contact Telephone Number and Email:	
Ohio MHAS Prevention Certification Number:	
EIN Number:	
UEID Number:	

Narrative Response

Please provide brief answers for the following questions. You have a limit of no more than two pages to answer them all. You may use your discretion to determine the length for each answer within those limitations:

1. Provide an overview of your agency, including profit or non-profit status; years in operation; range of services; number of employees. Use the chart below to identify CSAP strategies used by your agency.

CSAP Strategy	Description of Strategy	Description of Population Served	Geographical Reach	Numbers Served
Education				
Environmental				
Community Based Process				
Information Dissemination				
Alternatives				
Problem Identification and Referral				

2. Is the agency involved in other major change initiatives? ___ Yes ___ No. If "yes" please list these initiatives and indicate whether these would, in any way, impede the organization's ability to participate in this Learning Collaborative.
3. Provide an overview of any strategies you have implemented to date to address the cultural and linguistic responsiveness within your organization.
4. Name the top three perceived issues/needs around cultural diversity within your organization/ agency.

Proposed Members of the Learning Collaborative

Please indicate the **two (minimum) to four (maximum)** individuals your organization has identified to be a part of the Learning Collaborative for this initiative. Most often, members of these teams are senior or senior-middle managers. However, strategic reasons allow for any member of your organization to participate.

Name	Position Title	Email
Team Members		

Assurances

The grantee () _____ makes the following representations and agrees to the following conditions accepting Funds from Prevention Action Alliance.

1. Grantee will utilize the Funds solely for the conditions outlined in Learning Collaborative RFA.
2. Grantee will provide Prevention Action Alliance with a copy of a W-9 of the fiscal agent upon submission of this signed assurance.
3. Grantee agrees to participate in the following activities:
 - a. Participation in the 2-day CLAS as a Catalyst Summit June 14 and 15, 2023 in Columbus, Ohio
 - b. Participation in 3 virtual coaching meetings: July, August and September
 - c. Completion of post coaching work and creation of final product
 - d. Attendance and presentation at celebratory meeting: TBD
4. Grantee will acknowledge the source of the Funds on all written materials generated from the Project, and in all advertising and media releases using the following language:

Made possible with support from Prevention Action Alliance, The Great Lakes Prevention Technology Center, the Ohio University Voinovich School of Leadership and Public Service, the Ohio Center of Excellence for Behavioral Health Prevention and Promotion and the Ohio Department of Mental Health and Addiction Services.

5. Grantee will complete all activities, reporting requirements, and related expenses by dates in RFP including calculating expenditures and return any unspent Funds to Prevention Action Alliance on September 29th or two weeks before final report is due, whichever is first. If the Grantee does not expend the entire portion of the awarded Funds, they will be returned to Prevention Action Alliance
6. Grantee agrees not to accept sponsorship from or partnership with the alcohol or tobacco industry for any purpose within the scope of this project.

7. Grantee hereby agrees to indemnify, defend, save and hold harmless Prevention Action Alliance from any and all liabilities, obligations, claims, suits, actions, losses, damages, fines, penalties or any other costs which arise in whole or in part out of any authorized or unauthorized acts by Grantee, its representatives, agents, employees or affiliates, directly or indirectly related to the Project or the Funds.
8. By accepting the Funds you are affirming that you are eligible to receive federal funding. Applicants who are suspended or debarred from receiving federal funds are not eligible to receive Funds through this opportunity. Further, grantee is aware that Lobbying – Section 319 of Public Law 101-121 generally prohibits recipients of federal grants and cooperative agreements from using appropriated funds for lobbying.
9. Grantee possesses the legal authority to apply for the grant and a motion resolution, or similar action has been adopted by Grantee and certified or executed by a duly authorized officer or representative of Grantee, authorizing the filing of the application for the Funds, including all understandings and assurances contained therein, and directing and authorizing the person identified below as the official representative of the Grantee to act in connection with the Application and to provide such additional information as may be required.
10. Grantee will comply with all applicable federal, state and local laws prohibiting unlawful discrimination on the basis of race, color, gender, sexual preference, national origin or disability.
11. By accepting the Funds, Grantee agrees to spend the monies for their agreed upon purpose and will arrange to have a single audit should you meet the federal expenditure guidelines. Grantee also agrees to provide Prevention Action Alliance with an accurate accounting of grant expenditures for this grant accompanied by receipts should our auditors request it.

	Name	Signature	Date
Project Lead			
CEO/Executive Director			
Fiscal Officer			

The application deadline is May 19, by noon EDT.

