

Clackamas and Washington Counties Commercial Tobacco Prevention Grants - 2024

Notice of Funding Opportunity (NOFO)

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Purpose

The Clackamas County Public Health Division (CCPHD) and Washington County Public Health Department (WCPHD) Tobacco Prevention and Education Programs (TPEPs) are seeking applications from community-based organizations (CBOs) to center community voice in commercial tobacco prevention programming and address the root causes of commercial tobacco use and tobacco-related chronic disease. A total amount of up to \$200,000 is available for CBOs serving communities in Clackamas and/or Washington County(ies).

CCPHD and WCPHD TPEPs recognize the disproportionate impacts commercial tobacco has on vulnerable and marginalized populations including certain racial and ethnic groups, members of LGBTQ2S+ communities, people with disabilities, people living with mental illness, people with less than a high school degree, youth, and people living with addiction to alcohol and other drugs. These same

communities experience chronic stress, discrimination, systemic racism, and the harshest health consequences - including higher rates of tobacco-related acute and chronic illness.

This funding opportunity is prevention focused and will support organizations in conducting culturally relevant, community centered strategies to address the root causes of commercial tobacco-related disparities and use. Root causes are the fundamental, or underlying, reasons why communities may use commercial tobacco higher rates and/or experience significant tobacco-related health disparities. Applicants should connect commercial tobacco-related prevention activities to one or more of the root causes of commercial tobacco-related health inequities, including:

- Access to health care
- Mental health
- Employment
- Food access
- Income
- Housing
- Neighborhood conditions
- Public safety
- Racism, discrimination, and/or violence
- Social connections and support
- Transportation
- Adverse childhood experiences (ACEs)

Addressing the root causes of commercial tobacco use can improve overall community wellness and prevent communities from experiencing tobacco-related diseases and premature death.

Background

Commercial tobacco sold by the tobacco industry (cigarettes, vape or e-cigarettes, chewing tobacco, cigars and other products) contain addictive nicotine and toxic chemicals. The term commercial tobacco is used to separate it from sacred tobacco used by some American Indian/Alaska Native communities and Tribal Nations in Oregon.

CCPHD and WCPHD TPEPs are dedicating a portion of tobacco tax revenue, allocated by the Oregon Health Authority, to community-based organizations to address the disproportionate impact of commercial tobacco on marginalized communities through culturally specific, community-led approaches that address the root causes of commercial tobacco use and tobacco-related health disparities. Populations experiencing commercial tobacco-related disparities are the focus of this funding opportunity and include those that:

- Have high rates of commercial tobacco use;
- Are disproportionately impacted by the harms of commercial tobacco;
- Are less likely to use cessation services; and/or
- Are targeted by the tobacco industry.

Burden of Tobacco

Tobacco use is the number one cause of preventable death in Oregon. Tobacco use contributes to thousands of deaths in Oregon each year and costs billions in direct medical costs, lost productivity, and early death.

Tobacco smoke is toxic and kills both smokers and non-smokers. There is no safe level of exposure to tobacco smoke. It can cause heart disease and cancer and worsen respiratory conditions such as asthma. Certain populations including pregnant women, children, older adults, and people with chronic illness are especially vulnerable.

High youth use of other tobacco products such as e-cigarettes is a significant public health concern. There is [strong evidence](#) that these products increase youth nicotine addiction and youth initiation of conventional tobacco products.

The tobacco industry spends more than \$100 million a year marketing to people in Oregon. Groups that historically have been targeted by the tobacco industry use tobacco at higher rates, including people with lower incomes; certain racial and ethnic groups including Native Americans/Alaskan Natives, Black and Pacific Islander communities; members of the lesbian, gay, bisexual, transgender, queer/questioning, two-spirit (LGBTQ2S+) communities; people with disabilities; people living with mental illness; youth; people living with addiction to alcohol and other drugs; and people with less than a high school degree.

Award Information

Funding Source	CCPHD and WCPHD TPEPs will dedicate a portion of the tobacco tax revenue, allocated by the Oregon Health Authority, to organizations to address the disproportionate impact of commercial tobacco on Black, Indigenous, and people of color.
Issuance	A total of up to \$200,000 is available for CBOs who propose to implement their own strategies and activities to address the root causes of commercial tobacco use and/or root causes of commercial tobacco-related health disparities. CBOs must implement grant activities in Clackamas and/or Washington County(ies) to be eligible. CCPHD and WCPHD will award up to four organizations. Clackamas County Public Health will administer the grants.
Grant period	January 1, 2024 – June 30, 2025
Maximum grant award amount	\$50,000
Grant Contacts	Kamryn Brown, Clackamas County Public Health: KBrown@Clackamas.us Kim Pinto, Washington County Public Health: Kim_Pinto@washingtoncountyor.gov

Eligible Projects:

The purpose of this funding opportunity is to financially support organizations in implementing culturally specific, community-led strategies to address the root causes of commercial tobacco use and related health disparities in Clackamas and/or Washington Counties. For examples of projects that address the root causes of commercial tobacco use and related health disparities, please see [Example Strategies to Address the Root Causes of Commercial Tobacco Use](#).

Projects must be community-driven, respond to community needs and voices, and contribute to sustainable change within the community. Proposed project activities should include approaches that reflect the cultural values and practices of the community and leverage community strengths.

Funding cannot be used to purchase or distribute nicotine replacement therapy (NRT), capital campaigns, or go towards other efforts not devoted to tobacco prevention and education.

Notice of Non-Discrimination

Consistent with the policy of Clackamas County, the Public Health Division is committed to compliance with all state and federal non-discrimination directives, including Title VI of the Civil Rights Act of 1964 and Title II of the Americans with Disabilities Act. No person shall be excluded from participation, be denied benefits of, or be otherwise subjected to discrimination under any program or activity, regardless of funding source, on the grounds of race, color, national origin, Limited English Proficiency, age, disability, religion, marital status, sex, gender, sexual orientation or source of income.

Applicant Eligibility

Applicants must meet the following requirements:

- 1) Any 501(c)(3) organization registered with the Oregon Secretary of State and located in Oregon that provides culturally responsive services to communities in Clackamas County and/or Washington County that are disproportionately impacted by commercial tobacco.
 - a. Individuals and organizations with 501(c)(3) fiscal sponsors are eligible to apply.
 - b. Any partnership or coalition of organizations working together, where the fiscal agent is a 501(c)(3) organization, are eligible to apply.
- 2) Organizations must hold commercial general liability insurance covering bodily injury and property damage of not less than \$1,000,000 per occurrence and annual aggregate limit not less than \$2,000,000 at the time of Grant award, if awarded.
- 3) Organizations cannot receive funding from commercial tobacco companies.
- 4) Organizations must serve communities in Clackamas and/or Washington County(ies).

Important Dates

Event	Date
Grant application opens	July 17 th , 2023
Information session #1 via Zoom Register here: https://clackamascounty.zoom.us/meeting/register/tZU5fuivrD0sE9xNDxiGP335tyMYqxdfU8IO	July 20 th , 2023 at 1pm PST
Note each information session will offer the same information.	
Information session #2 via Zoom Register here: https://clackamascounty.zoom.us/meeting/register/tZ0uf-uhrjstHdOJOsIDoLCECble3KeG9CvX	July 26 th , 2023 at 1pm PST
Note each information session will offer the same information.	
Deadline to submit questions to KBrown@Clackamas.us	August 5 th , 2023

FAQs posted to https://www.clackamas.us/procurement-process	August 11 th , 2023
Grant applications due	August 25 th , 2023 by 5pm PST
Grantee application award notification	September 21 st , 2023
Grantee contracting process (including an initial Zoom meeting to discuss Scopes of Work and budgets)	October 2023 – December 2023
Award period begins	January 1 st , 2024
Contract period begins	Executed contract date
Grantee Orientation via Zoom	January 10 th , 2024
Project check in #1 via Zoom	March 2024
Project check in #2 via Zoom	June 2024
Project check in #3 via Zoom	September 2024
Project check in #4 via Zoom	December 2024
Project check in #5 via Zoom	March 2025
Project check in #6 via Zoom	June 2025
Award period ends	June 30 th , 2025
Final invoices and report due	July 11 th , 2025

Application and Submission Information

Applications must be submitted virtually via Survey Monkey Apply. Applicants can create a free Survey Monkey Apply account with their email address.

Please see [Appendix C](#) for the required budget template example. A fillable budget template can also be found online at <https://www.clackamas.us/procurement-process> under “Clackamas and Washington Counties Commercial Tobacco Prevention Grant – 2024.” Please upload your proposed budget using the provided template and submit it as part of your application via Survey Monkey Apply.

To apply, visit:

https://ccpublichealth.smapply.io/prog/clackamas_and_washington_counties_commercial_tobacco_prevention_grants_-_2024/

Applications received after 5pm PST on August 25th will not be considered.

Evaluation of Grant Applications

A review panel comprised of Clackamas County Public Health staff, Washington County Public Health staff, and community partners will be used to review applications based on the following criteria:

Scoring Criteria	Points Available
Overall purpose and project, including how proposed activities will address the root causes of commercial tobacco use and related health disparities in an identified population(s).	30
Feasibility of proposed project and activities in addressing the root causes of commercial tobacco use and related health disparities, including community needs and intended impact.	25

Previous experience implementing racial equity and trauma-informed approaches.	10
Incorporation of community values and voice in planning and implementing the proposed activities.	10
Applicant’s suitability to conduct the proposed activities, including the relationship with the community applicant intends to serve and how the project aligns with the organization’s values.	25
Total:	100

CCPHD and WCPHD are dedicated to expanding our health equity work through closer collaboration and partnership with the diverse communities within Clackamas and Washington Counties. In an effort to distribute funds equitably and diversify our partnerships, applicants may also receive additional points based on the following criteria:

Additional Points Scoring Criteria	Points Available
<p>Organizations are one of the following:</p> <ul style="list-style-type: none"> A. Culturally specific, meaning: <ul style="list-style-type: none"> a. The majority of agency clients served are from a particular community of color: Black, African, African American, Asian, Pacific Islander, Indigenous, American Indian, Alaska Native, Hispanic/Latino/a/x. b. The organizational environment is culturally focused and identified as such by clients. c. There is a prevalence of bilingual and/or bicultural staff that reflects the community that is proposed to be served. d. There is established and successful community engagement and involvement with the community/communities being served. e. The staff, board, and leadership reflect the community being served. f. The community being served recognizes the organization as a culturally specific organization; or B. A racial justice-focused organization working with Black, African, African American, Indigenous, American Indian, Alaska Native, Hispanic/Latino/a/x, Pacific Islander, or Asian communities; or C. Primarily benefitting a community disproportionately impacted by commercial tobacco (i.e., people with disabilities, people who identify as LGBTQ2SIA+, people living with behavioral health issues, youth, communities of color, people living with addiction to alcohol and other drugs, and/or groups living at the intersection of multiple identities) and a demonstrated commitment to leading with race. Must be capable of addressing racial inequities within its service community in partnership with racially diverse community members and have a decision-making body (staff or community leaders) from the communities being served. 	20

D. Primarily benefitting communities that experience barriers (i.e., geographical, linguistic, and/or cultural) in obtaining health services.	
Greater than 50% of project staff and decision-making body (i.e., staff, volunteers) are Black/African American, Indigenous, Hispanic/Latinx, Asian, Pacific Islander, or other People of Color.	5
First time awardee by Clackamas and/or Washington Counties.	5
Organization is comprised of less than 15 paid staff.	5
Organization is not funded by the Oregon Health Authority for commercial tobacco prevention.	5
Total:	40

Example Strategies to Address the Root Causes of Commercial Tobacco Use

There are many ways to address the various root causes of commercial tobacco use. The following strategies and activities are examples to help applicants brainstorm potential.

For more research and information on the root causes of commercial tobacco use, see [Appendix E](#).

- Some communities encounter barriers to health care and treatment, including mental health supports. Individuals with mental health diagnoses tend to smoke at higher rates than those without. To address this, applicants may consider implementing activities that increase enrollment in the Oregon Health Plan among uninsured communities and/or increase access to behavioral and mental health services.
- The pressures of discrimination, poverty, and other social conditions can increase commercial tobacco use and make health problems worse. To address this, applicants may consider implementing empowerment and advocacy training activities and/or affinity groups for those who experience discrimination.

Grant Payments

Clackamas County Public Health Division, the grant administrator, pays grantees monthly. In order to receive payment, grantees submit invoices of expenses incurred in the previous month. CCPHD will explain the reimbursement process to grantees once awarded.

Appendices

Appendix A: Definitions

Appendix B: Application Questions

Appendix C: Budget Template Example

Appendix D: Sample Agreement between Grantee and CCPHD

Appendix E: Insurance Requirements

Appendix F: Additional Resources

Appendix A: Definitions

- **Adverse childhood experiences (ACEs):** Potentially traumatic events and/or environments in childhood (0-17 years). ACEs can include experiencing or witnessing violence, abuse, or neglect, growing up in a household with substance use problems, mental health problems, or instability, and more. ACEs are linked to chronic health problems, mental illness, and substance use problems in adolescence and adulthood.
- **Cessation:** Also referred to as “quitting,” cessation of commercial tobacco lowers the risk of cancer and other serious health problems caused by commercial tobacco. Some cessation strategies include counseling, nicotine replacement therapy (NRT), medicine, behavior therapy, and more.
- **Commercial tobacco:** Includes products like cigarettes, e-cigarettes, cigars, and chew that are manufactured by the tobacco industry. Commercial tobacco products are highly addictive and contain cancer-causing chemicals and additives.
- **Nicotine:** The main addictive substance in commercial tobacco. When a person uses commercial tobacco, many parts of the body get used to having nicotine in them. This is what keeps individuals using commercial tobacco products, as they become physically dependent on it.
- **Nicotine Replacement Therapy (NRT):** A medically approved way to treat people who are addicted to commercial tobacco products. NRT provides nicotine without the other dangerous chemicals one gets when using other forms of commercial tobacco products. NRT comes in the form of gum, patches, sprays, inhalers, or lozenges. Many studies have shown that when used correctly, NRT can nearly double the chances of successfully quitting smoking. *Note this funding cannot be used to purchase or distribute NRT.*
- **Root causes:** The fundamental, or underlying, reasons why a problem or disparity exists. In the context of commercial tobacco, root causes of use and health-related disparities can include chronic stress, housing instability, limited access to health services, lower education levels, poor neighborhood or environmental conditions, discrimination, isolation, adverse childhood experiences, and more.
- **Social determinants of health:** The conditions in which people live, learn, work, and play that affect health and quality of life. Social determinants of health are often intertwined with the root causes of commercial tobacco use. For more information on social determinants of health, visit [this link](#).
- **Traditional tobacco:** Natural, not inhaled or addictive, and includes no additives. Used by some American Indian/Alaska Native and Tribal Nations in Oregon. Traditional tobacco use varies by tribe, and some tribes do not use any sacred or traditional tobacco.

Appendix B: Application Questions

Organization Information

1. Organization Name:
2. EIN or FIN:
3. Organization Mailing Address:
 - a. City:
 - b. State:
 - c. County:
 - d. Zip Code:
4. Organization Phone:
5. Organization Website:
6. Does your organization have a fiscal sponsor?

Individual Completing Application

1. Name:
2. Title:
3. Phone:
4. Email:

Applicant Contract Administrator

1. Name:
2. Title:
3. Phone:
4. Email:
5. Person Authorized to Sign Contract:

Fiscal Sponsor Information (if applicable)

1. Organization Name:
2. EIN or FIN:
3. Organization Mailing Address:
 - a. City:
 - b. State:
 - c. County:
 - d. Zip Code:
4. Organization Phone:
5. Organization Website:
6. Contact Name:
7. Contact Title:
8. Contact Phone:
9. Contact Email:

Responsible Prosper Requirements

1. Are you currently registered with the [Oregon Secretary of State Business Registry](#)? Grantees must be registered in order to sign Agreements with and receive funds from CCPHD.

Applicant Insurance

Please check if you have the following insurance. Note the insurance below, along with others, may be required if awarded. For additional information on insurance requirements, please see Appendix D of the NOFO.

1. Commercial General Liability Insurance (GLI)
 - a. Yes
 - b. No, but will meet insurance requirement prior to Contract execution if awarded.
2. Professional Liability Insurance (PLI)
 - a. Yes
 - b. No, but will meet insurance requirement prior to Contract execution if awarded.

Applicant Information Part 1

The next section will ask a series of questions regarding your organization and the county(ies) and population(s) served.

1. To be eligible for this funding opportunity, you must use funding to directly serve communities in Clackamas and/or Washington County(ies). In which County(ies) are you applying to work?
 - a. Clackamas County
 - b. Washington County
 - c. Clackamas and Washington Counties
2. Briefly describe how your organization will engage communities in Clackamas and/or Washington County(ies).
3. Please check the top one to three populations served by your organization:
 - a. American Indian/Alaska Native/Indigenous communities
 - b. Asian communities
 - c. Black/African American/African communities
 - d. Hispanic/Latino/a/x communities
 - e. Pacific Islander communities
 - f. Slavic/Eastern European communities
 - g. People with disabilities
 - h. LGBTQIA2S+ communities
 - i. Immigrant and refugee communities
 - j. Rural communities
 - k. Faith communities
 - l. Houseless communities
 - m. Justice-involved communities
 - n. People with behavioral health conditions
 - o. Other, please specify:
4. Select all that apply to your organization:
 - a. My organization is culturally specific, meaning:

- i. The majority of agency clients served are from a particular community of color: Black, African, African American, Asian, Pacific Islander, American Indian, Alaska Native, Hispanic/Latino/a/x.
 - ii. The organizational environment is culturally focused and identified as such by clients.
 - iii. There is a prevalence of bilingual and/or bicultural staff that reflects the community that is proposed to be served.
 - iv. There is established and successful community engagement and involvement with the community/communities being served.
 - v. The staff, board, and leadership reflect the community being served.
 - vi. The community being served recognizes the organization as a culturally specific organization.
 - b. My organization is a racial justice-focused organization working with Black, Indigenous, American Indian, Alaska Native, Hispanic/Latino/a/x, Pacific Islander, or Asian communities.
 - c. My organization primarily benefits a community disproportionately impacted by commercial tobacco (i.e., people with disabilities, people who identify as LGBTQ2SIA+, people living with behavioral health issues, people with less than a high school degree, people living with addiction to alcohol and other drugs, and/or certain racial and ethnic groups) and is committed to leading with race.
 - d. My organization primarily benefits communities that experience barriers (i.e., geographical, linguistic, and/or cultural) in obtaining health services.
 - e. Greater than 50% of my organization's project staff and decision-making body (i.e., staff, volunteers) are Black/African American, Indigenous, Hispanic/Latino/a/x, Asian, Pacific Islander, or other People of Color.
 - f. My organization has not previously received award(s) from Clackamas County and/or Washington County.
 - g. My organization is comprised of less than 15 paid staff.
- 5. Please indicate your organization's capacity to speak and/or write in languages other than English. Also indicate whether the language capacity comes from someone who speaks that language as their first language, or someone who learned the language.
 - a. Language 1: _____
 - i. Spoken fluently by first language speaker
 - ii. Spoken fluently by learned language speaker
 - iii. Written by first language speaker
 - iv. Written by learned language speaker
 - b. Language 2: _____
 - i. Spoken fluently by first language speaker
 - ii. Spoken fluently by learned language speaker
 - iii. Written by first language speaker
 - iv. Written by learned language speaker
 - c. Language 3: _____
 - i. Spoken fluently by first language speaker

- ii. Spoken fluently by learned language speaker
 - iii. Written by first language speaker
 - iv. Written by learned language speaker
 - d. Other, please specify:
6. What activity(ies) best describes your proposed work to address the root causes of commercial tobacco use and tobacco-related health disparities?
- a. Access to health care
 - b. Mental health support
 - c. Employment
 - d. Food access
 - e. Income
 - f. Housing
 - g. Neighborhood conditions
 - h. Public safety
 - i. Racism, discrimination, and/or violence
 - j. Social connections and support
 - k. Transportation
 - l. Other, please specify:
7. Is your organization currently funded by the Oregon Health Authority for commercial tobacco prevention?
- a. Yes. My organization received:
 - i. \$_____
 - b. No
8. If your organization is funded by the Oregon Health Authority for commercial tobacco prevention, please describe how this funding will supplement the work you are currently funded to do. If you answered *no* above, put "N/A."
9. What other type of public health programs is your organization working in?
- a. HIV, STI/STD, TB prevention and treatment
 - b. Environmental public health and climate change
 - c. Communicable disease prevention
 - d. Emergency preparedness
 - e. Adolescent and school health
 - f. Injury and violence prevention
 - g. Substance use and overdose prevention
 - h. Other, please specify:

Applicant Information Part 2

The next section of the application will be a series of short answer questions. Please be clear and concise. There are no maximum or minimum word or page counts; use the amount of space you need to describe your project and answer the questions.

1. Describe your project and how it addresses the root causes of commercial tobacco use and tobacco-related health disparities among the population(s) you intend to serve. How did you identify the needs your proposed project aims to address?
2. Describe the population(s) you intend to serve.
 - a. How long you have worked with the population(s)? What is your organization’s relationship with this community(ies)?
 - b. What are the fundamental reasons why commercial tobacco products are being used in the population(s) you intend to serve?
3. Describe the history of your organization, major programming, and how the proposed work aligns with your organization’s values.
4. Describe how you will integrate community voice and needs in this work.
 - a. How will your proposed project advance community members’ priorities?
 - b. How will the communities you serve continuously guide and shape this work over the course of the project’s life cycle?
5. Describe the composition of your project staff and decision-making body (staff, volunteers) and how these individuals reflect the communities you serve.
 - a. Who will be involved in planning and implementing the work?
 - b. How will you implement racial equity and trauma-informed approaches in this work?
 - c. If you intend to hire additional staff with these funds, please explain what kind of staff and their proposed role.
6. Describe your partners for proposed activities and the specific role each will play. Include the collaborative and decision-making structure for working with partners. Partners could include community-based organizations, local public health authorities, schools and school districts, or partners in other sectors.
7. What kind of support would your organization need to carry out the proposed activities? For instance, might you need specific data, training, networking opportunities, or other resources?

Proposed Work Plan

Use the table below to outline a minimum of 1 specific, measurable goal for your organization to address the root causes of commercial tobacco use and tobacco-related health disparities over the course of the award period (January 1, 2024 – June 30, 2025). You can list more goals if desired. Please use a separate row for each activity that will advance your program goal(s).

Goal #1:		
<i>Example: By June 2025, [organization name] will assist at least 25 Spanish-speaking, low-income families in Clackamas County apply for SNAP benefits and OHP.</i>		
Activities	Estimated Timeframe (M/Y – M/Y)	Who
What specific, measurable steps will your organization take to accomplish the goal described above?	When will the activity begin and end?	Who is leading the work? Who will you partner with to complete this activity?

<p><i>Example: Host a minimum of 5 cultural events at [location] to build relationships with the Spanish-speaking community and provide additional information on the benefits of enrolling in SNAP and OHP programs. Create a list of interested families and gather their contact information.</i></p>	<p><i>Example: 1/24 – 12/24</i></p>	<p><i>Example: [organization name]'s Spanish-speaking community health worker</i></p>
<p><i>Example: Set up phone calls with interested and eligible families to walk through the application process. Refer to SNAP and/or OHP experts as needed.</i></p>	<p><i>Example: 1/25 – 6/25</i></p>	<p><i>Example: [organization name]'s Spanish-speaking community health worker; Oregon Health Authority OHP partners; ODHS SNAP partners</i></p>

How will you determine if this goal was met? (Evaluation):

Example: We will maintain records of our outreach to families, including event attendees, and the number of applications submitted for both SNAP and OHP. We will also document frequently asked questions so we can better educate the community on these programs in a culturally and linguistically relevant format.

Goal #2:

Activities	Estimated Timeframe (M/Y – M/Y)	Who
<p>What specific, measurable steps will your organization take to accomplish the goal described above?</p>	<p>When will the activity begin and end?</p>	<p>Who is leading the work? Who will you partner with to complete this activity?</p>

How will you determine if this goal was met? (Evaluation):

Goal #3:

Activities	Estimated Timeframe (M/Y – M/Y)	Who
<p>What specific, measurable steps will your organization take to accomplish the goal described above?</p>	<p>When will the activity begin and end?</p>	<p>Who is leading the work? Who will you partner with to complete this activity?</p>

How will you determine if this goal was met? (Evaluation):

Proposed Budget

To the best of your ability, please complete the budget template (found here) with your proposed budget. Note the budget cannot exceed the maximum award amount (\$50,000).

Include the following details in your budget, if applicable:

- Personnel Costs Category
 - List salary, FTE, and fringe costs for each position. “FTE” refers to the number of full-time hours worked by an employee over a single workweek (i.e., 1 FTE = 40 hours/week; .5 FTE = 20 hours/week).
 - Salary and fringe costs for each position should be on a separate line.
 - *Example:*
 - Line 1: *Community Health Worker, .5 FTE, Salary @ \$45,000 = \$22,500*
 - Line 2: *Community Health Worker, .5 FTE, Fringe @ \$2,700 = \$1,350*
 - Note contracted labor should be listed in the Programmatic Costs category.
- Programmatic Costs Category
 - List your programmatic costs in the appropriate category (i.e., admin costs, supplies, travel, equipment, contracted labor, other, etc.). Please be as specific as possible with each line item. You may add or remove categories and line items as appropriate.
 - *Example:*
 - *Mileage*
 - *(.655/mile x 1,000 miles) = \$655*
 - *Other*
 - *Community health fair event space rental = \$1,000*
- Indirect Rate
 - List your indirect rate (%) in the Indirect Rate row. The indirect rate cost should be calculated based on your total grant cost.

Use the “Upload File” button in Survey Monkey Apply to upload your proposed budget. For an example budget, please see Appendix C.

Appendix C: Budget Template Example

Organization:	<i>Clackamas County Public Health</i>	
Funded Program Name:	<i>Tobacco Prevention and Education Program</i>	
Program Contact:	<i>Kamryn Brown</i>	
Agreement Term:	<i>01/01/2024 - 06/30/2025</i>	
		<i>Approved</i>
		<i>Award Amount</i>
Approved Award Budget Categories		
Personnel (List salary, FTE & Fringe costs for each position)		
Program Planner, .25 FTE, Salary @ \$60,000		\$ 15,000.00
Program Planner, .25 FTE, Fringe/Benefits @ \$15,000		\$ 3,750.00
Community Health Worker, .25 FTE, Salary @ \$55,000		\$ 13,750.00
Community Health Worker, .25 FTE, Fringe/Benefits @ \$10,000		\$ 2,500.00
		\$ -
		\$ -
Total Personnel Services		\$ 35,000.00
Supplies		
Phone		\$ 500.00
Computer		\$ 500.00
Contracted Labor		
Education Assistant, fixed 6 month contract		\$ 5,500.00
Travel		
Mileage (.655/mile x 200 miles)		\$ 65.50
		\$ -
Additional (please specify)		
Printing fees (for educational materials and event promotion materials)		\$ 200.00
Canva software		\$ 234.50
Event space rental		\$ 3,000.00
		\$ -
		\$ -
Total Programmatic Costs		\$ 10,000.00
Indirect Rate (10%)		\$ 5,000.00
Total Grant Costs		\$ 50,000.00

Appendix D: Insurance Requirements

CCPHD will administer these grants. CCPHD typically asks for the following insurance depending on the scope of the proposed project:

- **Commercial General Liability.** If awarded, the grantee will need to maintain Commercial General Liability Insurance throughout the award period. The Commercial General Liability Insurance will cover bodily injury, death, and property damage on an “occurrence” form in the amount of not less than \$1,000,000 per occurrence/\$2,000,000 general aggregate for the protection of County, its officers, commissioners, and employees.
- **Commercial Automobile Liability.** If awarded, the grantee may need to maintain Commercial Automobile Liability coverage throughout the award period. This may be required if a company and/or personal vehicle is used for work purposes. Commercial Automobile Liability coverage will include coverage for all owned, hired, and non-owned vehicles. The combined single limit per occurrence shall not be less than \$1,000,000.
- **Professional Liability.** If awarded, the grantee may need to maintain Professional Liability Insurance throughout the award period. Professional Liability Insurance must cover any damages caused by an error, omission, or neglect act related to the services provided under the agreement, with limits not less than \$2,000,000 per occurrence for the protection of the County, its officers, commissioners and employees against liability for damages because of personal injury, bodily injury, death, or damage to property ,including loss of use thereof, and damages because of negligent acts, errors and omissions in any way related to the agreement.
- **Workers' Compensation.** If awarded, the grantee will need to maintain Workers' Compensation Insurance throughout the award period. Workers' Compensation Insurance requires all employers that employ subject workers, as defined in ORS 656.027, to provide workers' compensation coverage for those workers. Employers' liability insurance coverage limit shall not be less than \$1,000,000.
- **Abuse and Molestation Liability.** If awarded, the grantee may need to maintain Abuse and Molestation Insurance throughout the award period. This may be required if the grantee works with and/or hosts activities for youth under 18 years. Policy endorsement's definition of an insured shall include the Contractor, and the Contractor's employees and volunteers. Coverage shall be written on an occurrence basis in an amount of not less than \$1,000,000 per occurrence. Any annual aggregate limit shall not be less than \$3,000,000.
- **Cyber Risk Limits.** If awarded, the grantee may need to maintain Cyber Risk Insurance throughout the award period. This may be required if the grantee will be entering personal information into a database. Limits are \$1,000,000 per claim/annual aggregate.

Specific insurance requirements will be discussed during the contracting process, if awarded.

Appendix E: Additional Resources

The resources below are optional to review. We hope these resources can be helpful in drafting your application.

Data

- Clackamas County: Blueprint for a Healthy Clackamas County
 - <https://www.blueprintclackamas.com/indicators>
- Oregon Health Authority: Chronic Disease Data
 - <https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/CHRONICDISEASE/DATAREPORTS/Pages/Substance-use.aspx>
- Oregon Health Authority: Behavioral Risk Factor Surveillance System (BRFSS)
 - <https://app.powerbigov.us/view?r=eyJrIjoiTlY1OGU2M2U4LThkMzktNDk5Yy04ZjQ4LTEzYWRjOTQ1MmY0YyJ9>

Articles, Research, and Resources

- CDC: Improving Tobacco-Related Health Disparities
 - <https://www.cdc.gov/tobacco/features/health-equity/index.html>
- CDC: Social Determinants of Health
 - <https://www.cdc.gov/about/sdoh/index.html>
- Healthy People 2030: Tobacco Use Evidence-Based Resources
 - <https://health.gov/healthypeople/objectives-and-data/browse-objectives/tobacco-use/evidence-based-resources>
- National Library of Medicine: Addressing the Social Determinants of Health to Reduce Tobacco-Related Disparities
 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5104348/>

Community Health Improvement Plans

- Clackamas County Health, Housing, & Human Services: Community Health Improvement Plan
 - <https://dochub.clackamas.us/documents/drupal/a6f39b3f-5727-4533-a572-d8d8588e2e7d>
- Washington County Health and Human Services: Community Health Improvement Plan
 - <https://www.washingtoncountyor.gov/hhs/community-health-improvement-plan>