

Clackamas County Blueprint Community Grants: Request for Qualifications: (RFQ)

Project Title:

Amount of funds requested: (fill in the amount)

Type of grant (below): (check box)

- Impact Grant: \$2,500 to \$50,000
- Innovation Grant: \$50,000 to \$75,000

Did a representative from your organizations watch the Blueprint Community Grants webinar? (Y/N)

Principal Applicant for Project	
Organization Name	
Address	
Phone	Email
Employer ID Number (EIN)	
Website:	
Year Established:	
Project Manager	
Organization Name	
Address	
Phone	Email
Fiscal Agent for Project	
Organization Name	
Address	
Phone	Email
Fiscal Sponsor EIN	

- Is the fiscal agent different than the applying organization? (Y/N)

Focus Area Applying for: (list focus area objectives/strategies, **select one**)

- A. Increase access to dental care for priority groups.
- B. Create awareness regarding suicide prevention and conduct harm reduction activities outreach
- C. Increase access and utilization to alcohol and drug use treatment
- D. Improve access to treatment for adolescents and adults with depression
- E. Improve follow-up care after an emergency department visit for mental health related issues for individuals ages 6 years and older
- F. Increase access to behavioral health support services
- G. Reduce Emergency Departments visits for those with Medicaid who are experiencing mental health concerns.
- H. Chronic disease prevention planning, outreach with high priorities populations
- I. Increase availability of healthy and preferred food by connecting food distribution sites to culturally specific markets, community agriculture and local sources to invest in the localization of the supply chain and streamline distribution.
- J. Increase number of food distribution sites in Clackamas county that provide healthy and culturally preferred foods.
- K. Increase number of clinical and community sites in Clackamas County who screen for food insecurity to increase DUFB and SNAP participation and utilization in Clackamas County
- L. Assess level of nutritious and culturally appropriate food at pantries through nutrition policy recommendations and evaluation tools to identify the preferred foods of community members utilizing pantries.

Counties where your organization has provided services:

Clackamas County
Multnomah
Washington
Clark, WA
Marion
Hood River
Columbia
Tillamook
Yamhill
Polk
Other:

Provide two brief examples of recent accomplishments that can help us understand your work and the populations you work with.

Please submit the resume of your organization's key staff for this project. How many resumes will you submit?

Please describe the work you plan to do.

Detail about who you aim to reach through this request.

Tell us how the voice or perspective of the population this project seeks to work with will be reflected in the design and decision-making of the proposed work.

If your project involves partners, describe their roles and commitments:

Did you create new partnerships in the development of this grant? (Y/N)

Submit your work plan

Submit your budget

Do you plan on making efforts to sustain the project beyond the grant period? (Y/N)

Grant Scoring:

Score	Proposal Sections
15	Background / Organizational Staff Experience
45	Quality of project proposal and alignment with Blueprint for a Healthy Clackamas County <ul style="list-style-type: none">• trauma informed practices• advances health equity• involvement of targeted priority population in planning, design and decision-making of the proposed work

	<ul style="list-style-type: none"> • develop partnerships and relationships with Clackamas County high priority populations and other organizations serving this population • knowledge of the priority population they propose to serve
15	Work Plan - Timeline
15	Budget
10	Addresses health disparities impacting high priority populations
5 (Bonus)	New Provider to Clackamas County

100 Points / 105 with Bonus