The Northwest Portland Area Indian Health Board’s Washington Youth Sexual Healthcare (WYSH) Project is partnering with the Washington State Department of Health’s (DOH) Youth Sexual Health Innovation Network to improve youth’s access to and experience with sexual health care in I/T/U (Indian Health Service, Tribal and Urban) clinic settings, including sexual health services for 2SLGBTQ teens and young adults.

NPAIHB’s WYSH project is able to provide **2-4 federally-recognized Washington State tribes up to $65,000 - $100,000 per year** to provide youth sexual health services, strengthen linkages and referrals to youth sexual health services, and/or educate youth about sexual health services. In accordance with grant expectations, selected sites will develop, implement, and test innovative interventions through a process that equitably engages stakeholders, including youth.

Desired Qualifications: Local I/T/U clinics, Tribal Health Departments, school-based health programs and youth engagement programs who have a bi-directional impact on youth and their access to and experience with sexual healthcare. Selected sites will work with the NPAIHB to:

1. Carryout local needs assessments that include youth, caregiver, and clinical perspectives;
2. Select local goals and priorities to improve youth’s access to and experience with sexual health services;
3. Implement selected clinical trainings, sexual health messaging campaigns, culturally-relevant curricula, quality improvement initiatives, and referral services (if selected);
4. Offer youth-friendly, gender affirming preventive health screenings for youth, including sexual health services for straight and 2SLGBTQ teens and young adults;
5. Improve communication and linkages between youth-serving programs and local health services, to improve youth engagement in clinical services; and,
6. Engage youth throughout the project to guide the selection of sexual health services, project goals, interventions, and activities.

NPAIHB will host an informational webinar on **August 24th, 2021 from 11AM-12PM (PST)** and reoccurring office hours to answer questions about the application process beginning on **August 31st every Tuesday and Thursday at 11 AM-12 PM (PST) through September 14, 2021**.

**Applications will be reviewed on a rolling basis, the last week of each month.** One application will be funded per Tribe/Organization. Applications will be accepted until all funds have been disbursed to Washington Tribes and/or sites (a total of $400,000 per year). Subcontracts can be extended for up to 1 additional one-year period; up to 2 years total, contingent on approved OPA (Office of Public Affairs) HHS funding and completion of project deliverables.

***The total term of the contract shall not exceed two (2) years.***

**To submit your completed application or for additional information please contact:**

WYSH Project Manager, Celena McCray

Email: [cmccray@npaihb.org](mailto:cmccray@npaihb.org)

Phone: 503-416-3270

**Request for Applications**

**Funding Amount:**

* Up to $100,000 per year, including indirect costs

**Date of Issuance:**

* August 10th, 2021

**Applicant Information:**

* Informational Q&As: August 24, 2021, 11 AM-12 PM (PST)
* Meeting URL: <https://echo.zoom.us/j/91386576975>

|  |  |
| --- | --- |
| Phone: 253-215-8782 Meeting ID: 913 8657 6975 |  |

**Applications Due:** Applications will be reviewed the last week of each month until all funds have been disbursed:

* August 30, 2021
* September 27, 2021
* October 25, 2021
* November 29, 2021

**Anticipated Notice of Award by:**

* Selected applicants will be notified by the NPAIHB within two weeks (note that final award issuance will depend on completion of a fiscal risk assessment)

**Funding Requirements:**

* Recipients must represent and/or provide services to one or more of the 29 Federally-recognized Tribes in Washington.
* All funded partners will sign a Contract with the NPAIHB and complete a fiscal risk assessment.
* Recipients must utilize funding to improve youth’s access to and experience with sexual health care.
* Recipients must participate in networking and evaluation activities with partnership with the NPAIHB, WA DOH, and WYSH network partners.

**Funding Restrictions:**

Restrictions that must be considered while planning the project and writing the budget are:

* Recipients may not use funds for direct patient services.
* Recipients may not use funds for clinical care.
* Recipients may not use funds to purchase clinic/patient supplies.

**Applicant Scoring Criteria:**

NPAIHB staff will select recipients based on their organizations’ capacity to develop, implement, and evaluate youth-centered sexual health services, including youth voice, with the involvement of community and clinical stakeholders.

**Funding Agreement** This opportunity is for one year of funding; that can be renewed annually up to 2 years total, contingent on approved WA DOH funding and completion of project deliverables. Applicants may (but are not required to) submit work plans that extend beyond June 30, 2022. While additional points will not be given for multi-year work plans that include activities beyond the current project period, this is another opportunity for applicants to demonstrate innovation, feasibility and sustainability of their proposed work.

Recipients will provide interim reporting, quarterly invoicing, as well as an end-of-year financial and project report. **All project activities and invoicing must be** **completed by June 30, 2022.**

**Application Instructions**

Completed Application will include:

Brief Project Narrative (details below)

Budget Justification and details (financial sheet detailing expenditures of funding below)

Attached Workplan

Optional: Letter of Support, or if required by the Tribe, a Tribal Resolution (if applicable)

|  |  |
| --- | --- |
| Tribe |  |
| Agency Name |  |
| Full Location Address |  |
| Full Mailing Address, if different |  |
| Program/Subcontract Contact Name |  |
| Telephone Number |  |
| E-mail |  |
| Amount of Funding Requested |  |

**Project Narrative**

Selected sites will work with the NPAIHB to:

1. Carryout local needs assessments that include youth, caregiver, and clinical perspectives;
2. Select local goals and priorities to improve youth’s access to and experience with sexual health services;
3. Implement selected clinical trainings, sexual health messaging campaigns, culturally-relevant curricula, quality improvement initiatives, and referral services (if selected);
4. Offer youth-friendly, gender affirming preventive health screenings for youth, including sexual health services for straight and 2SLGBTQ teens and young adults;
5. Improve communication and linkages between youth-serving programs and local health services, to improve youth engagement in clinical services; and,
6. Engage youth throughout the project to guide the selection of sexual health services, project goals, interventions, and activities.

Briefly describe how the WYSH funds will be used in your community **(no more than 2 pages).** In your narrative, please include:

1. Background on the youth population you currently serve, their access to and/or use of sexual health services, and any needs that you’ve identified related to youth’s engagement in clinical services.
2. This grant will be monitoring sexual health services for youth 10-19 years old. Please describe systems or processes you currently use (or plan to use) to collect demographic data and monitor project reach, impact, and outcomes; Or any experience you have working with other organizations to collect data (if you don’t have current capacity).
   1. Number of Teens 10-18: (include estimate or actual)
   2. Number of Young Adults 19-24: (include estimate or actual)
   3. Number of Parenting Teens and Young Adults: (include estimate or actual)
3. Existing programs and community strengths this project will leverage and build upon, including project staffing and networking plans.
4. Any challenges you anticipate fulfilling the attached Workplan.

**Budget**

Applicants are required to submit **a one-year budget of no more than $100,000**.

Applicants should complete the budget template below.

If needed, personnel, with the exception of consultants, contributing their time to the project should be listed on lines 1 and 2.

* Title
* Salary
* Fringe benefits
* Time spent on this project as a proportion of one full time equivalent (FTE)
* Role and responsibilities within the project

On line 3, consultants brought in to support the project, number of hours anticipated and total contract amount, and the roles/responsibilities of the contractor within the project should be listed.

Each piece of equipment to be purchased should be listed on line 4, along with a justification of need within the project. Equipment costing less than $5,000 should be included in the supplies category.

Training costs should be listed on line 5 with justification of need within the project.

Supplies should be listed on line 6, along with justification of need within the project. Routine office supplies can be listed as one item.

Recipients cannot use funds for direct patient services, clinical care, or to purchase clinic/patient supplies.

Estimated cost of travel, purpose of travel, and title/roles of staff members who will be travelling should be listed on line 7, along with justification of need relative to the project goals. Travel expenses should not exceed GSA rates.

Indirect expenses should be listed on line 10. If Indirect expenses are requested, please include a current signed indirect cost rate agreement with the application.

|  |  |  |
| --- | --- | --- |
| **Itemized Costs** | | **Justification** |
| 1. Salary and Wages |  |  |
| 1. Fringe Benefits |  |  |
| 1. Consultant Costs |  |  |
| 1. Equipment |  |  |
| 1. Training |  |  |
| 1. Supplies |  |  |
| 1. Travel |  |  |
| Subcontract Costs |  |  |
| **TOTAL DIRECT COSTS** |  |  |
| Indirect Costs ($) |  |  |
| **TOTAL INDIRECT COSTS** |  |  |
| **TOTAL FOR CONTRACT** |  |  |

**WYSH Workplan:** Please complete the workplan template below for detailed overview of activities, timeline, resources, and staffing.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activities** | **Timeline** | **Staff & Collaborators** | **Brief Description**  (Please describe how these activities will be carried out.) |
| Carryout local needs assessments that include youth, caregiver, and clinical perspectives. | First quarter |  |  |
| Select local goals and priorities to improve youth’s access to and experience with sexual health services. | First quarter |  |  |
| Implement selected clinical trainings, sexual health messaging campaigns, culturally-relevant curricula, quality improvement initiatives, and referral services (if selected). | First quarter |  |  |
| Offer youth-friendly, gender affirming preventive health screenings for youth, including sexual health services for straight and 2SLGBTQ teens and young adults. | Throughout |  |  |
| Improve communication and linkages between youth-serving programs and local health services, to improve youth engagement in clinical services. | Quarters 2, 3, 4 |  |  |
| Engage youth throughout the project to guide the selection of sexual health services, project goals, interventions, and activities. | Throughout |  |  |