

PACIFIC COUNTY COURTHOUSE
National Historic Site

PACIFIC COUNTY

Public Health and Human Services Department

1216 W. Robert Bush Drive, P.O. Box 26, South Bend, WA 98586
7013 Sandridge Road Long Beach, WA 98631

E-mail Address: koiem@co.pacific.wa.us

Willapa Harbor Area
(360) 875-9343
FAX 875-9323

Peninsula Area
(360) 642-9349
FAX 642-2781

Naselle
(360) 484-7343

North Cove/Tokeland
(360) 267-8343

To: Chuck Huber, Coast Rehabilitation
From: Katie Lindstrom, Deputy Director
Date: January 5, 2015
Subject: 2015 Millage Award

We are pleased to inform you that the following 2014 Millage Mini-grants have been **FULLY** funded as follows:

- Social Recreation (\$3525)

Attached is the contract and billing form for your use. Funds must be used as outlined in your millage application(s). If you have any questions about this funding, the contract, or the program, please feel free to contact met at 360-642-9300 ex 2648.

Thank you!

Contract # Millage-2015 Coast Rehabilitation Inc.

THIS AGREEMENT is made and entered into this the _____ day of _____, 20____ by and between **Pacific County**, hereinafter referred to as "County," and **Coast Rehabilitation Inc.**, hereinafter referred to as "Agency."

THE PURPOSE of this Agreement is to provide for the delivery Millage Mini Grant Program Services as outlined below, and in attachment B- Social Recreation. The effective dates for this agreement shall begin January 1, 2015 and end December 31, 2015. The County and the Agency agree to the terms and conditions set forth in the following provisions:

1. **PAYMENT**: All expenses under this program must be incurred and all program activities complete by December 31, 2015. Payment to the Agency for performance hereunder shall be on the basis of reimbursement for actual reimbursable costs provided that such reimbursable costs are in accordance with specific contract allocations set forth below. Attachment A- Invoice shall be submitted along with appropriate back up documentation, by the 15th of the month following the date of service to the Pacific County Health Department at PO Box 26 South Bend, WA 98585. **Invoices received after January 10, 2016, will not be paid.**
2. **STATEMENT OF WORK**: Program expectations will be completed as outlined in Attachments B.
3. **BUDGET**: The budget shall be \$3525 for the Social Recreation Program.
4. **INDEMNIFICATION**: In accepting this Agreement, the CONTRACTOR, including its successors and assigns, does hereby covenant and agree to indemnify and protect and save harmless the COUNTY and its officers and employees from all claims, actions, or damages of every kind and description which may accrue to or be suffered by any person, partnership, corporation, or other entity of any kind that arise in whole or in part from intentional tort(s), or negligent act(s) or omission(s), or strict liability of the CONTRACTOR or its employees, agents, successors, or assigns. If the above sentence applies and any suit or action is brought against the COUNTY, its officers, its employees, or any combination thereof, the CONTRACTOR, including its successors or assigns, shall defend the suit or action at his or her or their sole cost and expense and shall fully satisfy any judgment that is rendered against the COUNTY, its officers, its employees, or any combination thereof.
5. **INSURANCE**: The CONTRACTOR shall maintain, and upon request of the COUNTY, provide proof of occurrence based general business professional liability insurance in the amount of \$1,000,000 or greater per occurrence and \$2,000,000 aggregate for the term of this CONTRACT. The CONTRACTOR must name the COUNTY as an additional insured. **The CONTRACTOR agrees that its liability insurance shall be primary and non-contributory to the COUNTY's and that CONTRACTOR's liability insurance policy shall so state.** The CONTRACTOR shall be responsible at its own expense to provide any and all employment insurance coverage, including but not limited to, unemployment insurance, worker's compensation insurance, etc. for any and all of its employees as might apply. Proof of the above mentioned insurance coverage must be provided to the COUNTY before services are to take place. Reimbursement will not be made until proof of insurance has been provided to the COUNTY.
6. **BACKGROUND CHECKS**: Agency must maintain (and provide proof upon demand), of acceptable completion of a criminal background check (within the past 2 years) for any individual who works or volunteers as part of this program that will have supervised or unsupervised access to vulnerable adults or children.
7. **REPORTING**: Within (3) months of completion of your program, a written or oral report will be submitted and/or presented to the Pacific County Human Services Advisory Council outlining the outcomes from your program.
8. **MODIFICATION**: Either party may request a change or addition to this Agreement. No change or addition to this Agreement shall be valid or binding upon either party unless such change or addition is in writing and properly executed by both parties.
9. **DEBARMENT**: The CONTRACTOR hereby declares that it is not suspended or debarred from securing federal and/or state funds and shall remain so during the term of this Agreement/Contract. Suspension and/or

debarment of the CONTRACTOR from securing federal or state funds shall be cause for immediate termination of the Agreement/Contract by the COUNTY.

10. COMPLIANCE WITH LAWS: Throughout the duration of this Agreement, the CONTRACTOR shall comply with all applicable federal, state, and local laws, rules, regulations, and orders.
11. AMENDMENTS: No provision of this Agreement may be amended or modified except by a further written document signed by the COUNTY and the CONTRACTOR.
3. ENTIRE AGREEMENT. This written Agreement constitutes the parties' entire and integrated agreement, and supersedes all prior and contemporaneous negotiations, representations, or agreements, whether written or oral. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties hereto

IN WITNESS WHEREOF, the COUNTY and CONTRACTOR have executed this AGREEMENT the date(s) so noted below.

AGENCY

BOARD OF COUNTY COMMISSIONERS
PACIFIC COUNTY, WASHINGTON

Date

Lisa Ayers, Chair

Agency Tax Identification Number

Steve Rogers, Commissioner

Frank Wolfe, Commissioner

APPROVED AS TO FORM:

ATTEST:

Pacific County Prosecuting Attorney

Clerk of the Board

Date

Mark McClain

Date

Attachment A- Invoice (complete one invoice for each millage award you are requesting reimbursement from)

Month/Year:

Agency Name & Mailing Address:

Narrative- please describe what happened, how many individuals were served, goals met, and any other outcomes resulting from program:

Previous amount requested to date (cumulative): _____

Description	Amount Requested

Total request for this month: \$ -

Total Amount Awarded (enter amount for this award):
Total Requested to date (including this month) \$ -
Remaining Balance \$ -

I, the undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due, and unpaid obligation against the County of Pacific and that I am authorized to authenticate and certify to said claim.

Signed _____ **Title** _____

Date _____

Please send all invoices along with supporting documentation to:
 Pacific County Health & Human Services
 Attention: Kathy Langbraaten
 PO Box 26
 South Bend, WA 98586
No later than the 15th of the day following the month of service

Social and Recreational Activities

Purpose and Project Description: To offer one outing per month for 2015, for individuals with Developmental Disabilities in Pacific County. Trained staff will coordinate with individuals and their family to participate in these activities. The attached calendar lists the activities which will be offered. Coast Rehabilitation Services currently provides services in Pacific County with group and support employment. Our goal is to provide additional services and support for persons with developmental disabilities in social and recreational activities. Please see attached calendar of activities.

Needs Statement: Individuals with developmental disabilities in Pacific County, have few opportunities to participate in social and recreational activities. These social and recreational activities will be an opportunity for individuals to make new friends, experience new activities, develop new interests, establish natural supports and help become a member of their local community.

Project Timeline and Organization:

Date	Event
January	Bowling-Astoria
February	Bowling-Astoria
March	Bowling-Astoria
April	Bingo-Long Beach
May	Loyalty Days-Long Beach
June	Bowling-Astoria
July	Abiliski
August	Kite Festival-Long Beach
September	Bowling-Astoria
October	Cranberrian Fair
November	Bowling
December	Holiday Party-Bowling

CRS will coordinate the activities

Project Target: Any individual in South Pacific County with Developmental Disabilities will be offered the opportunity to Participate.

Goals and Objective: To help give a sense of community and what it has to offer to everyone. Developing Natural supports, community inclusion and complete integration into the community. A sense of belonging is sometimes missing for individual with Developmental Disabilities and by participating in the community, that sense becomes easier.



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Naselle
(360) 484-7343

North Cove/Tokeland
(360) 267-8343

To: Barbara Bate, NAMI
From: Katie Lindstrom, Deputy Director
Date: January 5, 2015
Subject: 2015 Millage Award

We are pleased to inform you that the following 2014 Millage Mini-grants have been **FULLY** funded as follows:

- Family to Family Program (\$614)

Attached is the contract and billing form for your use. Funds must be used as outlined in your millage application(s). If you have any questions about this funding, the contract, or the program, please feel free to contact me at 360-642-9300 ex 2648.

Thank you!

Contract # Millage-2015 NAMI

THIS AGREEMENT is made and entered into this the _____ day of _____, 20____ by and between **Pacific County**, hereinafter referred to as "County," and **NAMI**, hereinafter referred to as "Agency."

THE PURPOSE of this Agreement is to provide for the delivery Millage Mini Grant Program Services as outlined below, and in attachment B- Family to Family The effective dates for this agreement shall begin January 1, 2015 and end December 31, 2015. The County and the Agency agree to the terms and conditions set forth in the following provisions:

1. **PAYMENT**: All expenses under this program must be incurred and all program activities complete by December 31, 2015. Payment to the Agency for performance hereunder shall be on the basis of reimbursement for actual reimbursable costs provided that such reimbursable costs are in accordance with specific contract allocations set forth below. Attachment A- Invoice shall be submitted along with appropriate back up documentation, by the 15th of the month following the date of service to the Pacific County Health Department at PO Box 26 South Bend, WA 98585. **Invoices received after January 10, 2016, will not be paid.**
2. **STATEMENT OF WORK**: Program expectations will be completed as outlined in Attachments B.
3. **BUDGET**: The budget shall be \$614 for the Family to Family Program.
4. **INDEMNIFICATION**: In accepting this Agreement, the CONTRACTOR, including its successors and assigns, does hereby covenant and agree to indemnify and protect and save harmless the COUNTY and its officers and employees from all claims, actions, or damages of every kind and description which may accrue to or be suffered by any person, partnership, corporation, or other entity of any kind that arise in whole or in part from intentional tort(s), or negligent act(s) or omission(s), or strict liability of the CONTRACTOR or its employees, agents, successors, or assigns. If the above sentence applies and any suit or action is brought against the COUNTY, its officers, its employees, or any combination thereof, the CONTRACTOR, including its successors or assigns, shall defend the suit or action at his or her or their sole cost and expense and shall fully satisfy any judgment that is rendered against the COUNTY, its officers, its employees, or any combination thereof.
5. **INSURANCE**: The CONTRACTOR shall maintain, and upon request of the COUNTY, provide proof of occurrence based general business professional liability insurance in the amount of \$1,000,000 or greater per occurrence and \$2,000,000 aggregate for the term of this CONTRACT. The CONTRACTOR must name the COUNTY as an additional insured. **The CONTRACTOR agrees that its liability insurance shall be primary and non-contributory to the COUNTY's and that CONTRACTOR's liability insurance policy shall so state.** The CONTRACTOR shall be responsible at its own expense to provide any and all employment insurance coverage, including but not limited to, unemployment insurance, worker's compensation insurance, etc. for any and all of its employees as might apply. Proof of the above mentioned insurance coverage must be provided to the COUNTY before services are to take place. Reimbursement will not be made until proof of insurance has been provided to the COUNTY.
6. **BACKGROUND CHECKS**: Agency must maintain (and provide proof upon demand), of acceptable completion of a criminal background check (within the past 2 years) for any individual who works or volunteers as part of this program that will have supervised or unsupervised access to vulnerable adults or children.
7. **REPORTING**: Within (3) months of completion of your program, a written or oral report will be submitted and/or presented to the Pacific County Human Services Advisory Council outlining the outcomes from your program.
8. **MODIFICATION**: Either party may request a change or addition to this Agreement. No change or addition to this Agreement shall be valid or binding upon either party unless such change or addition is in writing and properly executed by both parties.
9. **DEBARMENT**: The CONTRACTOR hereby declares that it is not suspended or debarred from securing federal and/or state funds and shall remain so during the term of this Agreement/Contract. Suspension and/or

Attachment A- Invoice (complete one invoice for each millage award you are requesting reimbursement from)

Month/Year:

Agency Name & Mailing Address:

Narrative- please describe what happened, how many individuals were served, goals met, and any other outcomes resulting from program:

Previous amount requested to date (cumulative): _____

Description	Amount Requested

Total request for this month: \$ -

Total Amount Awarded (enter amount for this award):

Total Requested to date (including this month) \$ -

Remaining Balance \$ -

I, the undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due, and unpaid obligation against the County of Pacific and that I am authorized to authenticate and certify to said claim.

Signed	Title
---------------	--------------

Date

Please send all invoices along with supporting documentation to:
Pacific County Health & Human Services
Attention: Kathy Langbraaten
PO Box 26
South Bend, WA 98586
No later than the 15th of the day following the month of service

Application for Pacific County Millage Funds for 2015

Agency: NAMI Pacific County, 501c3 all-volunteer nonprofit organization.

Address: PO Box 708, Ocean Park WA 98640 [Treasurer: Iris Andersen]

Phone number:

Barbara Bate, applicant h 665 4421 c244 5566, bategofish@gmail.com

Providing the service:

Iris Andersen, trained family member facilitator for NAMI Family to Family
Rosi Sartwell, trained family member facilitator for NAMI Family to Family

Administering the funding:

Bob Caetano, Finance Director, Willapa Behavioral Health.

Project Title: Family to Family Education Course

Agency: NAMI Pacific County, in conjunction with the National Alliance on Mental Illness Education and Support Center

Project Summary: Family to Family is a 12-week free education program for caregivers, family members, and friends of individuals living with a mental illness. The course is led by trained family members as facilitators and is recognized by SAMHSA nationally as an evidence – based best practice. The course helps participants understand the brain and a variety of brain illnesses, as well as treatment options including medications and psychotherapy. Attendees are encouraged to care for themselves as well as supporting those with a brain disorder, enhancing the progress toward recovery for all concerned. Family to Family has been offered to NAMI affiliates throughout the USA since 1993. The teacher and participant manuals are updated annually and include material on co-occurring disorders and substance abuse disorders. Our hope is to present Family to Family for the third time in early 2015, once again making it available to south and north county and Naselle citizens.

Amount requested: \$610.00

Project Narrative

1. Purpose and project description

After NAMI Pacific County began in 2005, Family to Family was first offered in Clatsop County, Oregon, and taken by local NAMI members Lorraine Brown, Carole Wiegardt, and Rosi Sartwell. Carole and Rosi completed the state training

for F2F in 2009; they offered the course locally twice in the next two years. Iris Andersen and Irva Johnson completed the Family to Family course here, and they later completed the state facilitator training to be able to present the course to others. With Carole's and Irva's moves to California, Iris is now a facilitator, and Rosi will receive an updated teacher manual so that she and Iris can offer the class for the third time. The course is supported by Willapa Behavioral Health and WellSpring Community Network. It is a unique way for families to connect and provide continuing support to each other and the community. Evaluations from the first two course offerings have been consistently positive.

2. Needs Statement

Pacific County has a high rate of brain-related illnesses, struggling low-income households, and youth and young adult suicidal behavior. Often isolated from other households and hesitant to reveal family problems publically, people can feel alone with the challenge of living with another person's mental differences. Once they have gained knowledge and had a chance to share with others in comparable circumstances, those who have attended Family to Family are more open to supporting others and less affected by the stigma, shame, and secrecy attached to the idea of 'mental illness.'

3. Timeline and organization

Co-facilitators Iris Andersen and Rosi Sartwell plan to offer Family to Family in early 2015. They will publicize the course dates and times in the Observer, Herald, NAMI and WellSpring newsletters, and at the Willapa Behavioral Health, local clinic, and treatment center bulletin boards. The classes will be held at the PUD conference room or a comparable space in Long Beach or Seaview.

The Outline of Family to Family Class Sessions is as follows:

Class 1: Introduction to Family Education

Class 2: The 3 Major Mental Illnesses/Critical Periods

Class 3: Types and Subtypes of Mood Disorders:

The "Borderline" Designation; Diagnostic Criteria for Panic Disorders and Obsessive Compulsive Disorder (OCD); Dual Diagnoses: Telling our

Stories

Class 4: Basics About The Brain

Class 5: Problem Solving Skills Workshop

Class 6: Medication Review

Class 7: Inside Mental Illness (Empathy Workshop)

Class 8: Communication Skills Workshop

Class 9: Relative Groups/Self Care

Class 10: Recovery & Rehabilitations

Class 11: Advocacy

Class 12: Certification/Celebrations

4. Project Target

The intended target audience is those individuals who reside with, care for, or are a close friend to a person living with a brain disorder/mental illness. The course will be open to a maximum of 18 participants, including pairs of participants coming to the class sessions together.

5. Goals and Outcomes

As indicated in the needs statement and project summary, the goals of the Family to Family education program are to provide current research-based information about brain disorders, promote confidential sharing of experience by participants, and build confidence among those attending that they can help their family members in reaching and sustaining mental health recovery. The NAMI Family to Family course includes a detailed evaluation form at the end of the course, which is used by facilitators for continuing quality improvement.

6. Responsibility for reporting after completion of the course

Iris Andersen or Rosi Sartwell will make an oral presentation or do a written account of the 2015 Family to Family project.

Budget

Item	Quantity	Rate	Cost
NAMI Family 2 Family Participant Manual - 600+, 3 hole punched pages to be retained by the participant	20	\$22 incl. shipping	\$440
Teacher manual for Family 2 Family, updated for 2014/5	2	\$32	\$64
4" binders	22	\$5	\$110
Total amount requested:			\$614

Note: The manuals are a necessity to run the program. Our local facilitators do the course without payment.

In a separate email is a letter of support by Margery Ellis, NAMI Family to Family participant in the first class held in Pacific County WA.

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To: Lindsey Owen, Counselor
From: Katie Lindstrom, Deputy Director
Date: January 5, 2015
Subject: 2015 Millage Award

We are pleased to inform you that the following 2014 Millage Mini-grants have been **PARTIALLY** funded as follows:

- Girls Circle & Boys Council (\$700) - for the snacks and supplies portion of the request. We will put you in touch with Boys & Girls Club who is willing to lend the curriculum for your use.

Attached is the contract and billing form for your use. Funds must be used as outlined in your millage application(s). If you have any questions about this funding, the contract, or the program, please feel free to contact me at 360-642-9300 ex 2648.

Thank you!

Contract # Millage-2015 Raymond School District

THIS AGREEMENT is made and entered into this the _____ day of _____, 20____ by and between **Pacific County**, hereinafter referred to as "County," and **Raymond School District**, hereinafter referred to as "Agency."

THE PURPOSE of this Agreement is to provide for the delivery Millage Mini Grant Program Services as outlined below, and in attachment B- Girls Circle Boys Council. The effective dates for this agreement shall begin January 1, 2015 and end December 31, 2015. The County and the Agency agree to the terms and conditions set forth in the following provisions:

1. **PAYMENT**: All expenses under this program must be incurred and all program activities complete by December 31, 2015. Payment to the Agency for performance hereunder shall be on the basis of reimbursement for actual reimbursable costs provided that such reimbursable costs are in accordance with specific contract allocations set forth below. Attachment A- Invoice shall be submitted along with appropriate back up documentation, by the 15th of the month following the date of service to the Pacific County Health Department at PO Box 26 South Bend, WA 98585. **Invoices received after January 10, 2016, will not be paid.**
2. **STATEMENT OF WORK**: Program expectations will be completed as outlined in Attachments B.
3. **BUDGET**: The budget shall be \$700 for the Girls Circle and Boys Council Program.
4. **INDEMNIFICATION**: In accepting this Agreement, the CONTRACTOR, including its successors and assigns, does hereby covenant and agree to indemnify and protect and save harmless the COUNTY and its officers and employees from all claims, actions, or damages of every kind and description which may accrue to or be suffered by any person, partnership, corporation, or other entity of any kind that arise in whole or in part from intentional tort(s), or negligent act(s) or omission(s), or strict liability of the CONTRACTOR or its employees, agents, successors, or assigns. If the above sentence applies and any suit or action is brought against the COUNTY, its officers, its employees, or any combination thereof, the CONTRACTOR, including its successors or assigns, shall defend the suit or action at his or her or their sole cost and expense and shall fully satisfy any judgment that is rendered against the COUNTY, its officers, its employees, or any combination thereof.
5. **INSURANCE**: The CONTRACTOR shall maintain, and upon request of the COUNTY, provide proof of occurrence based general business professional liability insurance in the amount of \$1,000,000 or greater per occurrence and \$2,000,000 aggregate for the term of this CONTRACT. The CONTRACTOR must name the COUNTY as an additional insured. The CONTRACTOR agrees that its liability insurance shall be primary and non-contributory to the COUNTY's and that CONTRACTOR's liability insurance policy shall so state. The CONTRACTOR shall be responsible at its own expense to provide any and all employment insurance coverage, including but not limited to, unemployment insurance, worker's compensation insurance, etc. for any and all of its employees as might apply. Proof of the above mentioned insurance coverage must be provided to the COUNTY before services are to take place. Reimbursement will not be made until proof of insurance has been provided to the COUNTY.
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8. **MODIFICATION**: Either party may request a change or addition to this Agreement. No change or addition to this Agreement shall be valid or binding upon either party unless such change or addition is in writing and properly executed by both parties.

Attachment A- Invoice (complete one invoice for each millage award you are requesting reimbursement from)

Month/Year:

Agency Name & Mailing Address:

Narrative- please describe what happened, how many individuals were served, goals met, and any other outcomes resulting from program:

Previous amount requested to date (cummulative): _____

Description	Amount Requested

Total request for this month: \$ -

Total Amount Awarded (enter amount for this award):

Total Requested to date (including this month) \$ -

Remaining Balance \$ -

I, the undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due, and unpaid obligation against the County of Pacific and that I am authorized to authenticate and certify to said claim.

Signed	Title
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Date

Please send all invoices along with supporting documentation to:
Pacific County Health & Human Services
Attention: Kathy Langbraaten
PO Box 26
South Bend, WA 98586
No later than the 15th of the day following the month of service

APPLICANT INFORMATION

Agency applying for funding:

Raymond School District

Physical Address: 1016 Commercial Street

City: Raymond **State:** WA **Zip:** 98577

Mailing Address:

City: _____ **State:** _____ **Zip:** _____

Phone Number: 360-942-3415 **Email:** lowen@raymondk12.org

Name and Qualifications of person who will provide the services:

Lyndsey Owen, MA, LMHCA

Name and Qualifications of the person who will be administering the funding:

Lyndsey Owen, MA, LMHCA and the Raymond School District

Project Summary Project Title

Positive Youth Development-One Circle Foundation Project

Agency Raymond School District

Project Summary (Limit responses to one paragraph)

The Positive Youth Development program is centered on evidence based curricula from the One Circle Foundation. The project will provide supportive group therapy for K-12 girls and boys at the Raymond School District throughout the 2015 school year. The goal of the project is to improve school culture, empower youth, promote mental health and encourage healthy relationships. This is an Evidence Based program and will be facilitated by licensed therapist and school counselor Lyndsey Owen, MA, LMHCA.

Amount Requested: \$2,592

Budget			
Item Description	Quantity	Rate	Cost
Curricula Set	1		\$1,829
Group Art Supplies			\$300
Group Snack			\$400

Total Amount Requested: \$2,592

*If we can't provide the full funding, what is the minimum dollar amount you would need from us in order to still run your project//program? \$1,829

*We will assume that if we can't fund at least your minimum request, you are not interested in a grant. Stating a minimum amount will not hurt your chances of receiving full funding. In fact, it will improve your chances of receiving at least some funding. If we receive a large number of grant requests, we may decide to partially fund as many projects as we can instead of fully funding just a few. Thanks for your understanding. It is a good idea to keep a copy of your whole application. Good luck to you

Positive Youth Development One Circle Foundation Project Raymond School District

Project Description

The proposed project is based on the One Circle Foundation. The project will provide group therapy for K-12 girls and boys at the Raymond School District throughout the 2015 school year. The goal of the project is to improve school culture, empower youth, promote mental health and encourage healthy relationships. This is an Evidence Based program and will be facilitated by licensed therapist and school counselor Lyndsey Owen, MA, LMHCA.

The planning stages are centered on structuring a program, selecting appropriate group members and creating an efficient timeline to provide services. Planning will continue through the month of October. Each session will offer a Girls Circle and Boy's Council group that will run 8-12 weeks. This is approximately four sessions for a total of 8 groups for the 2015 school year. The One Circle Foundation Project will be implemented within the Raymond School District serving K-12. The project will serve an estimated 60 to 80 students.

Evaluation of program effectiveness will be measured by self-report before and after the group using the Circle's Evaluation Tool and validated Schwarzer's Self Efficacy instrument. Lyndsey Owen as a contracted school counselor for the Raymond School District will report on the outcomes of the project as requested.

Needs Statement

The One Circle Foundation project will meet the developmental and mental health needs of students at the Raymond School District and serve the Pacific County community. This curriculum has been proven to prevent and reduce violence, decrease self-harming behaviors, prevent alcohol and substance abuse, reduce risky sexual behavior and eliminate interpersonal conflicts. The One Circle curriculum has a strong history of improving self-efficacy, promoting attachment to and school performance, enhancing social supports and building positive body image and self-esteem. The Raymond School District students have never had such programming offered directly. This would be an opportunity to provide mental health support service to a large population who would not otherwise have access to these services.

Project Timeline and Organization

The project can be implemented as soon as January 2015 and continue through the end of the 2015 school year with the possibility for the program to continue into subsequent academic years. Each session will offer a Girls Circle and Boy's Council group that will run 8-12 weeks. The One Circle Foundation Project will be implemented within the Raymond School District serving the K-12 population. The project will be organized by Raymond School District's School Counselor Lyndsey Owen, MA, LMHCA. She will facilitate group counseling and provide therapeutic interventions. She will be responsible for individual assessment, organization of the project, providing direct service, obtaining participant and parental consent and evaluating program effectiveness.

Project Target

The project's intended targeted audience is K-12 students at the Raymond School District. Approximately 60-80 students will be served through the One Circle program. These students are either self-referred, parent referred, faculty referred or invited to the One Circle Foundation Project. These students have been identified as individuals who are at risk for: perpetrating violence, prone to self-harming behaviors, may occasionally use alcohol or other substances, engage in risky sexual behavior, have low self-efficacy, struggle with school performance and engagement, have limited or no social supports, have a negative body image, have low self-esteem and may struggle with resolving interpersonal conflicts. These students are at greatest risk for developing substance abuse, mental illness and/or suicidal ideation.

The One Circle Foundation project will provide tailored group counseling to address many issues facing the youth of today. The One Circle curriculum is an evidence based program based on Motivational Interviewing and Strengths Based approaches. These approaches are designed to target resiliency, support critical thinking and moral reasoning through experiential activities and guided discussion.

Goals and Objectives

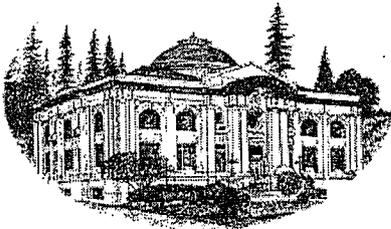
The objective and goals of the One Circle Foundation is to empower youth to make wise decisions that support relationships and mental health. This program engages youth in building pro-social skills that allows them the opportunity to participate in meaningful discussions and activities while learning essential skills to promote healthy development. One Circle groups strive to create a safe environment to promote cognitive development, enhance coping skills and build essential interpersonal skills. The expected outcome for the project is to enhance individual development and promote community within the school district.

The program will be evaluated on a throughout the academic school year. Evaluation of program effectiveness will be measured by self-report before and after the group program using the Circle's Evaluation Tool and validated Schwarzer's Self Efficacy instrument. Outcomes will be tracked throughout the year by participants, school staff and parent or guardian self-report.

The Raymond School District is committed to providing quality education to its students. In an effort to achieve this goal the focus of the counseling program is to help students better understand the world they live in and make better decisions that help them live functional lives. The One Circle Foundation Program will provide a structure and create an environment in which students can truly feel safe to be themselves and work through developmental challenges. School based interventions and programming are essential to supporting youth and their overall wellbeing.

Reporting Progress

The Raymond School District School Counselor Lyndsey Owen, MA, LMHCA is responsible for providing oral and/or written progress on the program effectiveness. Evaluation of program effectiveness will be measured by self-report with the use of the Circle's Evaluation Tool and Schwarzer's Self Efficacy instrument. Lyndsey Owen will report on progress as requested.



PACIFIC COUNTY COURTHOUSE
National Historic Site

PACIFIC COUNTY

Public Health and Human Services Department

1216 W. Robert Bush Drive, P.O. Box 26, South Bend, WA 98586
7013 Sandridge Road Long Beach, WA 98631

E-mail Address: koien@co.pacific.wa.us

Willapa Harbor Area
(360) 875-9343
FAX 875-9323

Peninsula Area
(360) 642-9349
FAX 642-2781

Naselle
(360) 484-7343

North Cove/Tokeland
(360) 267-8343

To: Amy Nelson, Joel Bale, and Mike Smith, South Bend School District
From: Katie Lindstrom, Deputy Director
Date: January 5, 2015
Subject: 2015 Millage Award

We are pleased to inform you that the following 2014 Millage Mini-grants have been **PARTIALLY** funded as follows:

- Youth Mental Health First Aid- \$2065
- Special Education Life Skills- \$700
- Taproot Theatre Company- \$725

Attached is the contract and billing form for your use. Funds must be used as outlined in your millage application(s). If you have any questions about this funding, the contract, or the program, please feel free to contact me at 360-642-9300 ex 2648.

Thank you!

Contract # Millage-2015 South Bend School District

THIS AGREEMENT is made and entered into this the _____ day of _____, 20____ by and between **Pacific County**, hereinafter referred to as "County," and **South Bend School District**, hereinafter referred to as "Agency."

THE PURPOSE of this Agreement is to provide for the delivery Millage Mini Grant Program Services as outlined below, and in **Attachment B- Youth Mental Health First Aid, Attachment C- Special Education Life Skills, and Attachment D- Taproot Theatre**. The effective dates for this agreement shall begin January 1, 2015 and end December 31, 2015. The County and the Agency agree to the terms and conditions set forth in the following provisions:

1. **PAYMENT**: All expenses under this program must be incurred and all program activities complete by December 31, 2015. Payment to the Agency for performance hereunder shall be on the basis of reimbursement for actual reimbursable costs provided that such reimbursable costs are in accordance with specific contract allocations set forth below. Attachment A- Invoice shall be submitted along with appropriate back up documentation, by the 15th of the month following the date of service to the Pacific County Health Department at PO Box 26 South Bend, WA 98585. **Invoices received after January 10, 2016, will not be paid.**
2. **STATEMENT OF WORK**: Program expectations will be completed as outlined in Attachments B, C, and D.
3. **BUDGET**: The budget shall be \$2065 for Youth Mental Health First Aid, \$700 for Special Education Life Skills, and \$725 for Taproot Theatre.
4. **INDEMNIFICATION**: In accepting this Agreement, the CONTRACTOR, including its successors and assigns, does hereby covenant and agree to indemnify and protect and save harmless the COUNTY and its officers and employees from all claims, actions, or damages of every kind and description which may accrue to or be suffered by any person, partnership, corporation, or other entity of any kind that arise in whole or in part from intentional tort(s), or negligent act(s) or omission(s), or strict liability of the CONTRACTOR or its employees, agents, successors, or assigns. If the above sentence applies and any suit or action is brought against the COUNTY, its officers, its employees, or any combination thereof, the CONTRACTOR, including its successors or assigns, shall defend the suit or action at his or her or their sole cost and expense and shall fully satisfy any judgment that is rendered against the COUNTY, its officers, its employees, or any combination thereof.
5. **INSURANCE**: The CONTRACTOR shall maintain, and upon request of the COUNTY, provide proof of occurrence based general business professional liability insurance in the amount of \$1,000,000 or greater per occurrence and \$2,000,000 aggregate for the term of this CONTRACT. The CONTRACTOR must name the COUNTY as an additional insured. **The CONTRACTOR agrees that its liability insurance shall be primary and non-contributory to the COUNTY's and that CONTRACTOR's liability insurance policy shall so state.** The CONTRACTOR shall be responsible at its own expense to provide any and all employment insurance coverage, including but not limited to, unemployment insurance, worker's compensation insurance, etc. for any and all of its employees as might apply. Proof of the above mentioned insurance coverage must be provided to the COUNTY before services are to take place. Reimbursement will not be made until proof of insurance has been provided to the COUNTY.
6. **BACKGROUND CHECKS**: Agency must maintain (and provide proof upon demand), of acceptable completion of a criminal background check (within the past 2 years) for any individual who works or volunteers as part of this program that will have supervised or unsupervised access to vulnerable adults or children.
7. **REPORTING**: Within (3) months of completion of your program, a written or oral report will be submitted and/or presented to the Pacific County Human Services Advisory Council outlining the outcomes from your program.

Attachment A- Invoice (complete one invoice for each millage award you are requesting reimbursement from)

Month/Year:

Agency Name & Mailing Address:

Narrative- please describe what happened, how many individuals were served, goals met, and any other outcomes resulting from program:

Previous amount requested to date (cumulative): _____

Description	Amount Requested

Total request for this month: \$ -

Total Amount Awarded (enter amount for this award):
Total Requested to date (including this month) \$ -
Remaining Balance \$ -

I, the undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due, and unpaid obligation against the County of Pacific and that I am authorized to authenticate and certify to said claim.

Signed _____ **Title** _____

Date _____

Please send all invoices along with supporting documentation to:
 Pacific County Health & Human Services
 Attention: Kathy Langbraaten
 PO Box 26
 South Bend, WA 98586
No later than the 15th of the day following the month of service

APPLICANT INFORMATION

Agency applying for funding: SOUTH BEND SCHOOL DISTRICT

Physical Address: 400 E 1st Street

City: South Bend State: WA Zip: 98586

Mailing Address: P.O. BOX 437

City: South Bend State: WA Zip: 98586

Phone Number: (360)875-5707 Email: jbale@southbendschools.org, anelson@southbendschools.org

Name and Qualifications of person who will provide the services:

- Joel Bale, Peer Helpers Advisor, South Bend School District
- Amy Nelson, Counselor, South Bend School District

Name and Qualifications of the person who will be administering the funding:

- Jon Tienhaara, Superintendent/South Bend School District
- Robyn Rose, Fiscal Manager/ South Bend School District

Project Summary

Project Title	Youth Mental Health First Aid(YMHFA)—Peer Helper Training
Agency	South Bend School District, Peer Helpers
Project Summary (Limit responses to one paragraph)	Under the direction of Joel Bale, Teacher and Peer Helper Advisor for South Bend School District, and help from Amy Nelson, Counselor for South Bend School District, the South Bend Peer Helpers will coordinate with Theresa Mahar, a certified YMHFA instructor, to host a day-long Youth Mental Health First Aid Training for a maximum of 30 Peer Helpers/Students and Advisors from South Bend, Raymond, Willapa Valley, Naselle and Ilwaco school districts. The goal is to provide mental health training to youth participants and advisors to increase the understanding of mental illness and decrease stigma. Youth Mental Health First Aid teaches students how to respond and offer support to someone who appears to be in emotional distress. Oftentimes Peer Helpers are

	the first point of contact with students in emotional distress and the Youth Mental Health First Aid program will assist in providing students with basic tools and resources to deal with such situations.
Amount Requested	<ul style="list-style-type: none"> • YMHFA Manuals \$23.00 each w/shipping x 30=\$690.00 • Training Costs \$750.00 • Lunch \$8.00 each x 30=\$240.00 • Transportation \$2.50/ml x approx. 250ml (4 districts)=\$625.00 <p>TOTAL: \$2305.00</p>

Narrative (limit to no more than 3 pages total)

- 1. Purpose and Project Description.** In detail, describe your proposed project from planning stages, implementation, to evaluation. Mention any other agencies or volunteer groups who will be partnering or supporting your effort.

The proposal is to provide YMHFA training to a maximum of 30 Peer Helper students and advisors from South Bend, Raymond, Willapa Valley, Naselle and Ilwaco school districts. South Bend will be the host district, and with support and direction from Joel Bale, Peer Helpers Advisor, and Amy Nelson, Counselor, the South Bend Peer Helpers will collaborate with neighboring districts to select a date, time and location; coordinate with Theresa Mahar regarding provision of training; arrange for the provision of lunches, confirm participation from the other districts, and reach out to other vested community resources and supports such as TAC, Willapa Behavioral Health and the Pacific County Public Health Department as needed.

Millage funds will provide for the YMHFA manuals, handouts, meals including snacks and lunch for instructor and participants, instructor fees, and additional training materials e.g. flip charts, markers, etc. Pending availability, Millage funds will be essential in providing transportation reimbursement for the traveling districts.

Each district will be responsible for coordinating their own Peer Helpers/students and advisors, gaining proper permissions from their own district, as well as arranging for transportation and submitting documentation necessary for reimbursement.

The YMHFA curriculum has built in evaluation tools that will be utilized to measure the participants' progress including a pre and post-tests as well as a program evaluation tool.

2. **Needs Statement:** Describe why your project is needed and show how it supports people with developmental disabilities or promotes mental health in Pacific County.

YMHFA training helps build community resilience in understanding mental illness and fosters increasing personal skills and confidence in helping others including peers. Participants learn how to provide initial help, support and resources to assist a peer with a mental health issue.

The program design uses ALGEE to assist the student in remembering the concepts learned in class:

- A-Assess the risk for suicide or harm
- L-Listen non-judgmentally
- G-Give reassurance and information
- E-Encourage appropriate professional help
- E-Encourage self-help and other support strategies

Such information and skill will not only help the Peer Helper/student deal with potential crises on an individual level, but will have immeasurable impact on the greater school culture as well as community at large with respect to the perception of mental illness and our ability to meet the needs and challenges that people coping with mental illness oftentimes face. Additionally, this is a great opportunity to educate about available community resources and channels of access to said resources.

3. **Project Timeline & Organization:** Please provide an outline and schedule for implementing and organizing this project.

The YMHFA class is an 8 hour class. In order to be certified, the participant needs to attend all 8 hours. At the completion of the class each participant receives certification in YMHFA for three years.

The training day is divided into four segments:

- Depression
- Anxiety Disorders
- Psychotic Disorders
- Substance Use Disorders

South Bend School District will serve as the host site. In the case that the South Bend High School Library is not available as a site, Grays Harbor College –Riverview Campus will be considered as a back-up location.

A date will need to be determined at a later time. Given the allocation of funding, South Bend Peer Helpers will collaborate with neighboring districts to determine a best fit date for all. The initial intention will be to hold the training date in April, 2015.

4. **Project Target:** Who is the project's intended targeted audience? How many people will be involved in the project?

Students who participate as Peer Helpers and their advisors from the South Bend, Raymond, Willapa Valley, Naselle and Ilwaco School Districts are the intended audience for this training, in hopes that the information garnered will impact not only the participants but those youth and individuals that they come into contact with who may be experiencing a mental health crisis.

There will be a maximum of 30 participants in the training.

5. **Goals & Objectives:** What are the goals and expected outcomes of the project and how will they be measured?

The goal of the training is to provide mental health training to youth participants who serve as Peer Helpers within their designated school districts and/or Peer Helper Advisors to increase the understanding of mental illness and decrease stigma. The training will provide participants with the tools to recognize and provide assistance to an individual/peer who may be experiencing a mental health crisis.

The expected outcome of the project is that a minimum of 2-4 people from each district (South Bend, Raymond, Willapa Valley, Naselle and Illwaco) will be trained and receive certification in YMHFA under the instruction of Theresa Mahar.

6. You will be expected to give an oral presentation or written account of your project. Who will take responsibility for reporting back to the network?

Joel Bale, Advisor for the Peer Helpers Program at South Bend School District, will be responsible for reporting back to the network regarding the outcome of this project. This will most likely look like a brief presentation given by a select group of youth participants who participated in the YMHFA training.

BUDGET

Item Description & Justification	Quantity	Rate	Cost
YMHFA Manuals \$23.00 each w/shipping x 30=\$690.00	30	\$23 each w/shipping	\$690.00
Training Costs	1	\$750	\$750.00
Lunch \$8.00 each	30	\$8	\$240.00
Transportation	250 miles	\$2.50/ml	\$625.00

Total Amount Requested: **\$2305.00**

*If we can't provide the full funding, what is the minimum dollar amount you would need from us in order to still run your project//program?

YMHFA Manuals (\$690) and Training Costs (\$750)=\$1440

A reduced amount means the individual districts will need to pick up the cost of lunch and transportation. Such costs could impact the level of participation from districts outside of South Bend.

*We will assume that if we can't fund at least your minimum request, you are not interested in a grant.

Stating a minimum amount will not hurt your chances of receiving full funding. In fact, it will improve your chances of receiving at least some funding. If we receive a large number of grant requests, we may decide to partially fund as many projects as we can instead of fully funding just a few. Thanks for your understanding. It is a good idea to keep a copy of your whole application. Good luck to you

APPLICANT INFORMATION

Agency applying for funding: SOUTH BEND SCHOOL DISTRICT

Physical Address: 400 E 1st Street

City: South Bend State: WA Zip: 98586

Mailing Address: P.O. BOX 437

City: South Bend State: WA Zip: 98586

Phone Number: (360)875-5707 Email: msmith@southbendschools.org

Name and Qualifications of person who will provide the services:

- Margie Smith, Special Education Teacher , South Bend School District

Name and Qualifications of the person who will be administering the funding:

- Jon Tienhaara, Superintendent, South Bend School District
- Robyn Rose, Fiscal Manager, South Bend School District

Project Summary

Project Title	Special Education Life Skills Enrichment
Agency	South Bend School District, Special Education Program 9-12
Project Summary (Limit responses to one paragraph)	Under the direction of Margie Smith, 9-12 Special Education Teacher for South Bend School District, students will have the opportunity to access enrichment modalities provided by Millage funds to create engaging and individualized opportunities to build important life skills related to functional activities of daily living. Such modalities include Chromebooks that can be tied to the classroom and used daily by the life skills group, a nominal amount of funds that students can use to build and practice skills and safety related to the use and exchange of money, and a 10 gallon aquarium and supplies to practice responsible caretaking and routine.

Amount Requested	<ul style="list-style-type: none"> • Acer C720 Chromebook (11.6 inch, 2 GB), \$199.00 Amazon.com x 4= \$800 • Marina Style 10 Deluxe Glass Aquarium Kit--10 Gallons, \$87.00 Amazon.com; Tetra Whisper Air Pump (Non-UL), \$10.53 Amazon.com; Hagen 15-pack Marina Sim Aquarium Water Filter w/Carbon plus Ceramic Cartridge, \$21.42 Amazon.com; Miscellaneous Supplies (e.g. fish food) 31.05=\$150.00 • Life Skills Fund/Cash=\$150.00 <p>TOTAL REQUEST: \$1100</p>
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Narrative (limit to no more than 3 pages total)

1. **Purpose and Project Description.** In detail, describe your proposed project from planning stages, implementation, to evaluation. Mention any other agencies or volunteer groups who will be partnering or supporting your effort.

South Bend Special Education students are already engaged in a scheduled life skills course daily. Millage funding will be essential to the enrichment of already existing curriculum, namely the provision of additional and specific resources that will allow students to have more individualized experiential learning opportunities both within the confines of the classroom, in the community and online.

Students are currently on an IEP and participating in the special education program at South Bend High School. Students will continue in their regularly scheduled core classes and life skills course. The teacher, upon allocation of grant funding, will schedule excursions into the community as well modify lessons to have a more hands on feel once the resources are available. The Chromebooks will allow the instructor to facilitate a group within the classroom so that they can access and work through lessons as a cohesive unit. Each of the students has very specific, individualized needs and the ability to have them in close proximity with access to a computer is pertinent to the implementation and success of the program. Additionally, the notebooks will allow for students to increase their general keyboarding skills, practice safely navigating the internet and accessing life skills curriculum and websites such as kidshealth.org. Not only will the Chromebooks help by increasing their computer skills and academics, it will also offer the students a healthy source of leisure, and the ability to access available online and community resources.

2. **Needs Statement:** Describe why your project is needed and show how it supports people with developmental disabilities or promotes mental health in Pacific County.

The requests include 4 Chromebooks, a 10 gallon Aquarium, and additional funds to be used to teach money skills. Resources will be used to build programming and skills above and beyond what is

required for students who are currently on IEPs and active participants in the Special Education Program. Funds allow for students to take their learning beyond the textbook and or classroom and to functionally put into practice the knowledge and skills highlighted by the curriculum. For example, students will learn to care for and address the needs of another living creature by having a pet (a.k.a. fish) in the classroom. Additionally, students will learn about money functions during math and build upon said skills during their life skills class by taking trips into the community to practice comparison shopping, making purchases, counting out and back money, and transporting money and goods safely. The Chromebooks will be used to build computer skills, teach internet safety, and boundaries with respect to technology usage. Emphasis will be on student safety and practicing appropriate social skills.

- 3. Project Timeline & Organization:** Please provide an outline and schedule for implementing and organizing this project.

Students are currently on an IEP and participating in the special education program at South Bend High School. Students will continue in their regularly scheduled core classes and life skills course. The teacher, upon allocation of grant funding, will schedule excursions into the community as well modify lessons to have a more hands on feel once the resources are available. The timeline will follow the academic school year and activities will take place within the normal school day.

- 4. Project Target:** Who is the project's intended targeted audience? How many people will be involved in the project?

The project's targeting audience is South Bend High School's Special Education Life Skills Class; approximately 5-10 students and 2 instructors.

- 5. Goals & Objectives:** What are the goals and expected outcomes of the project and how will they be measured?

The goal is to provide access and real life experiences to students with special needs at South Bend High School. The overarching emphasis is on safety and building knowledge in the areas of budgeting, comparison shopping, navigating the community, accessing available resources both in the community and online, increasing computer literacy and skills, practicing self-care and healthy forms of leisure, and other activities such as learning about and implementing the skills necessary to take care of a pet.

Student progress will be measured by monitoring their skills and abilities to navigate the community, both in person and online.

- 6.** You will be expected to give an oral presentation or written account of your project. Who will take responsibility for reporting back to the network?

Margie Smith, Special Education Teacher for South Bend High School, will be responsible for reporting back to the network, most likely in the form of thank you notes and photos produced by the students themselves.

BUDGET

Item Description & Justification	Quantity	Rate	Cost
Acer C720 Chromebook (11.6 inch, 2 GB) Amazon.com	4	199.00	800.00
Life Skills Fund/Cash	10	15.00	150.00
Marina Style 10 Deluxe Glass Aquarium Kit-- 10 Gallons, Amazon.com	1	\$87.00	\$87.00
Tetra Whisper Air Pump (Non-UL), Amazon.com;	1	\$10.53	\$10.53
Hagen 15-pack Marina Sim Aquarium Water Filter w/Carbon plus Ceramic Cartridge, Amazon.com	1	\$21.42	\$21.42
Miscellaneous Supplies (e.g. fish food)			31.05

Total Amount Requested: **\$1100**

*If we can't provide the full funding, what is the minimum dollar amount you would need from us in order to still run your project//program?

Priorities: 1) Chromebooks; and/or 2) Life Skills Fund/Cash; and/or 3) Fish tank and accessories

*We will assume that if we can't fund at least your minimum request, you are not interested in a grant.

Stating a minimum amount will not hurt your chances of receiving full funding. In fact, it will improve your chances of receiving at least some funding. If we receive a large number of grant requests, we may decide to partially fund as many projects as we can instead of fully funding just a few. Thanks for your understanding. It is a good idea to keep a copy of your whole application. Good luck to you

APPLICANT INFORMATION

Agency applying for funding: SOUTH BEND SCHOOL DISTRICT

Physical Address: 400 E 1st Street

City: South Bend State: WA Zip: 98586

Mailing Address: P.O. BOX 437

City: South Bend State: WA Zip: 98586

Phone Number: (360)875-5707 Email: anelson@southbendschools.org

Name and Qualifications of person who will provide the services:

- Amy Nelson, Counselor, South Bend School District

Name and Qualifications of the person who will be administering the funding:

- Jon Tienhaara, Superintendent/South Bend School District
- Robyn Rose, Fiscal Manager/ South Bend School District

Project Summary

Project Title	Taproot Theatre Company
Agency	South Bend School District, K-12
Project Summary (Limit responses to one paragraph)	South Bend High School hopes to invite Taproot Theatre Company from Seattle to join us for a one-time event, with two one-hour, age appropriate/modified showings to cover the entire K-12 student population. Topics covered, depending on age group, include recognizing, refusing and reporting bullying, emotional management and empathy training, how to be an ally, cyberbullying prevention, understanding the consequences of gossip and rumors, examining various forms of bullying and harassment, both subtle and overt, and personal and social responsibility. The assembly is tentatively scheduled for April, 2015. Taproot Theatre Company comes highly recommended, and has a history of performances locally including Montesano School District. For more information on the Taproot Theatre Company visit http://taproottheatre.org/schools/ .

Amount Requested	1 st Performance=\$575.00 2 nd Performance=\$370.00 Travel Fee=\$500.0 Total: \$1445
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Narrative (limit to no more than 3 pages total)

- 1. Purpose and Project Description.** In detail, describe your proposed project from planning stages, implementation, to evaluation. Mention any other agencies or volunteer groups who will be partnering or supporting your effort.

South Bend is constantly working to make our campus the safest it can be. In spite of reinforced efforts, a glaring need to help students advocate for themselves and others persists. Bullying issues are difficult to address if the person(s) involved do not feel safe enough to come forward with their concerns. It is the purpose of the proposed services to increase communication between the affected individuals and administration so bullying concerns can be addressed, to arm bystanders with the tools they need to help stop bullying as they see it occurring, and to beef up the quality of interventions that subsequently follow a bullying incident.

Pending funding, we have tentatively scheduled Taproot Theatre Company to provide educational plays to students in assembly form that address relevant social issues and provide youth with safe steps to approach them. This experience asks students to take a stand against Bullying or Cyber-Bullying, to report it if they see it on campus or online, and learn to respect others regardless of our differences.

With support from the elementary and secondary school principals, the project will be overseen by Amy Nelson, the Counselor for South Bend, our current AmeriCorps Member, and the South Bend High School Peer Helpers. This will be a one-time event, with two one-hour, age appropriate/modified showings to cover the entire K-12 student population. The assembly is tentatively scheduled for April, 2015.

Taproot Theatre Company comes highly recommended, and has a history of performances locally including Montesano School District. For more information on the Taproot Theatre Company visit <http://taproottheatre.org/schools/>.

Outcome and evaluation of the proposed services will be measured by the increase in the number of submitted bullying incident reports. South Bend School District has recently adopted the use of the online Safe Schools Alert Reporting Program that allows students, families, and/or community members to anonymously report bullying incidents, thus notifying school administrators through an email alert system. More information is available at <https://southbend-wa.safeschoolsalert.com/>. It is

- Personal and social responsibility

5. **Goals & Objectives:** What are the goals and expected outcomes of the project and how will they be measured?

The goal of the program is to increase awareness and know-how related to bullying prevention and intervention, with an overarching goal of trying to create a safe and welcoming culture at South Bend School District. It is our objective to provide students with the information and skills needed to be caring bystanders who will help stand up and/or access appropriate resources when involved in or exposed to a bullying incident or situation.

Outcome of the proposed services will be measured by the increase in the number of submitted bullying incident reports. South Bend School District has recently adopted the use of the online Safe Schools Alert Reporting Program that allows students, families, and/or community members to anonymously report bullying incidents, thus notifying school administrators through an email alert system. More information is available at <https://southbend-wa.safeschoolsalert.com/>. It is anticipated that with increased awareness and communication there will be a positive shift in the culture of reporting bullying incidents which will increase the District's ability to address issues as they occur, thus fostering a more safe, civil, respectful, and inclusive learning community.

6. You will be expected to give an oral presentation or written account of your project. Who will take responsibility for reporting back to the network?

Amy Nelson, School Counselor for South Bend School District, will be responsible for reporting back to the network on the success of the program. Mrs. Nelson will use technology to make a brief video of the students' thoughts, feelings and reactions to the performance making sure to include students across grade levels.

BUDGET

Item Description & Justification	Quantity	Rate	Cost
1st Performance	1	575	575
2nd Performance	1	370	370
Travel Fee	1		500

Total Amount Requested: **\$1445**

*If we can't provide the full funding, what is the minimum dollar amount you would need from us in order to still run your project//program?

1 performance and travel fee (\$1075), or at very least 1 performance (\$575)

*We will assume that if we can't fund at least your minimum request, you are not interested in a grant.

Stating a minimum amount will not hurt your chances of receiving full funding. In fact, it will improve your chances of receiving at least some funding. If we receive a large number of grant requests, we may decide to partially fund as many projects as we can instead of fully funding just a few. Thanks for your understanding. It is a good idea to keep a copy of your whole application. Good luck to you



PACIFIC COUNTY COURTHOUSE
National Historic Site

PACIFIC COUNTY

Public Health and Human Services Department

1216 W. Robert Bush Drive, P.O. Box 26, South Bend, WA 98586
7013 Sandridge Road Long Beach, WA 98631

E-mail Address: koiem@co.pacific.wa.us

Willapa Harbor Area
(360) 875-9343
FAX 875-9323

Peninsula Area
(360) 642-9349
FAX 642-2781

Naselle
(360) 484-7343

North Cove/Tokeland
(360) 267-8343

To: Ginger Hake, Chris Holmes, Wahkiakum County
From: Katie Lindstrom, Deputy Director
Date: January 5, 2015
Subject: 2015 Millage Award

We are pleased to inform you that the following 2014 Millage Mini-grants have been **FULLY** funded as follows:

- Cispus Leadership Project (\$2500)

Attached is the contract and billing form for your use. Funds must be used as outlined in your millage application(s). If you have any questions about this funding, the contract, or the program, please feel free to contact me at 360-642-9300 ex 2648.

Thank you!

Contract # Millage-2015 Wahkiakum County

THIS AGREEMENT is made and entered into this the _____ day of _____, 20____ by and between **Pacific County**, hereinafter referred to as "County," and **Wahkiakum County**, hereinafter referred to as "Agency."

THE PURPOSE of this Agreement is to provide for the delivery Millage Mini Grant Program Services as outlined below, and in **attachment B- Cispus Leadership Project**. The effective dates for this agreement shall begin January 1, 2015 and end December 31, 2015. The County and the Agency agree to the terms and conditions set forth in the following provisions:

1. **PAYMENT**: All expenses under this program must be incurred and all program activities complete by December 31, 2015. Payment to the Agency for performance hereunder shall be on the basis of reimbursement for actual reimbursable costs provided that such reimbursable costs are in accordance with specific contract allocations set forth below. Attachment A- Invoice shall be submitted along with appropriate back up documentation, by the 15th of the month following the date of service to the Pacific County Health Department at PO Box 26 South Bend, WA 98585. **Invoices received after January 10, 2016, will not be paid.**
2. **STATEMENT OF WORK**: Program expectations will be completed as outlined in Attachments B.
3. **BUDGET**: The budget shall be **\$2500 for the Cispus Leadership Project**.
4. **INDEMNIFICATION**: In accepting this Agreement, the CONTRACTOR, including its successors and assigns, does hereby covenant and agree to indemnify and protect and save harmless the COUNTY and its officers and employees from all claims, actions, or damages of every kind and description which may accrue to or be suffered by any person, partnership, corporation, or other entity of any kind that arise in whole or in part from intentional tort(s), or negligent act(s) or omission(s), or strict liability of the CONTRACTOR or its employees, agents, successors, or assigns. If the above sentence applies and any suit or action is brought against the COUNTY, its officers, its employees, or any combination thereof, the CONTRACTOR, including its successors or assigns, shall defend the suit or action at his or her or their sole cost and expense and shall fully satisfy any judgment that is rendered against the COUNTY, its officers, its employees, or any combination thereof.
5. **INSURANCE**: The CONTRACTOR shall maintain, and upon request of the COUNTY, provide proof of occurrence based general business professional liability insurance in the amount of \$1,000,000 or greater per occurrence and \$2,000,000 aggregate for the term of this CONTRACT. The CONTRACTOR must name the COUNTY as an additional insured. **The CONTRACTOR agrees that its liability insurance shall be primary and non-contributory to the COUNTY's and that CONTRACTOR's liability insurance policy shall so state.** The CONTRACTOR shall be responsible at its own expense to provide any and all employment insurance coverage, including but not limited to, unemployment insurance, worker's compensation insurance, etc. for any and all of its employees as might apply. Proof of the above mentioned insurance coverage must be provided to the COUNTY before services are to take place. Reimbursement will not be made until proof of insurance has been provided to the COUNTY.
6. **BACKGROUND CHECKS**: Agency must maintain (and provide proof upon demand), of acceptable completion of a criminal background check (within the past 2 years) for any individual who works or volunteers as part of this program that will have supervised or unsupervised access to vulnerable adults or children.
7. **REPORTING**: Within (3) months of completion of your program, a written or oral report will be submitted and/or presented to the Pacific County Human Services Advisory Council outlining the outcomes from your program.
8. **MODIFICATION**: Either party may request a change or addition to this Agreement. No change or addition to this Agreement shall be valid or binding upon either party unless such change or addition is in writing and properly executed by both parties.

9. DEBARMENT: The CONTRACTOR hereby declares that it is not suspended or debarred from securing federal and/or state funds and shall remain so during the term of this Agreement/Contract. Suspension and/or debarment of the CONTRACTOR from securing federal or state funds shall be cause for immediate termination of the Agreement/Contract by the COUNTY.

10. COMPLIANCE WITH LAWS: Throughout the duration of this Agreement, the CONTRACTOR shall comply with all applicable federal, state, and local laws, rules, regulations, and orders.

11. AMENDMENTS: No provision of this Agreement may be amended or modified except by a further written document signed by the COUNTY and the CONTRACTOR.

3. ENTIRE AGREEMENT. This written Agreement constitutes the parties' entire and integrated agreement, and supersedes all prior and contemporaneous negotiations, representations, or agreements, whether written or oral. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties hereto

IN WITNESS WHEREOF, the COUNTY and CONTRACTOR have executed this AGREEMENT the date(s) so noted below.

AGENCY

BOARD OF COUNTY COMMISSIONERS
PACIFIC COUNTY, WASHINGTON

Date

Lisa Ayers, Chair

Agency Tax Identification Number

Steve Rogers, Commissioner

APPROVED AS TO FORM:

Frank Wolfe, Commissioner

Pacific County Prosecuting Attorney

ATTEST:

Mark McClain Date

Clerk of the Board Date

Attachment A- Invoice (complete one invoice for each millage award you are requesting reimbursement from)

Month/Year:

Agency Name & Mailing Address:

Narrative- please describe what happened, how many individuals were served, goals met, and any other outcomes resulting from program:

Previous amount requested to date (cumulative): _____

Description	Amount Requested

Total request for this month: \$ -

Total Amount Awarded (enter amount for this award):
Total Requested to date (including this month) \$ -
Remaining Balance \$ -

I, the undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due, and unpaid obligation against the County of Pacific and that I am authorized to authenticate and certify to said claim.

Signed _____ **Title** _____

Date _____

Please send all invoices along with supporting documentation to:
Pacific County Health & Human Services
Attention: Kathy Langbraaten
PO Box 26
South Bend, WA 98586
No later than the 15th of the day following the month of service

APPLICANT INFORMATION

Agency applying for funding: _____Wahkiakum Health and Human Services_____

Physical Address: _____42 Elochoman Valley Road_____

City: ___Cathlamet_____ State: ___WA_____ Zip: ___98612___

Mailing Address: _____PO Box 629_____

City: ___Cathlamet_____ State: ___WA_____ Zip: ___98612_____

Phone Number: ___360-751-0497_____ Email: ___hakeg@co.wahkiakum.wa.us_____

Name and Qualifications of person who will provide the services:

Ginger Hake, Coalition Coordinator; SAPST Certified with 1 year prevention experience

Name and Qualifications of the person who will be administering the funding:

___Chris Holmes, Human Services manager with over 20 years' experience with grant management

___Chris Weiler, Deputy Director for Wahkiakum Health and Human Services with over 10 years experience with grant management. _____

Project Summary

Project Title	Cispus Leadership Project
Agency	Wahkiakum Health and Human Services
Project Summary (Limit responses to one paragraph)	<p>The Wahkiakum Health and Human Services is inviting Naselle Middle School 8th Graders and select High School Sophomore to Senior youth to participate in Project Toward No Drug Abuse (Project TND) at Cispus Learning Center in Randal, Washington, to be tentatively scheduled during the month of May, 2015. The program is a 3 ½ day overnight camp where the select high school students implement Project TND with adult oversight. Project TND is a proven method of reducing the use of cigarettes, alcohol, marijuana, additional hard drugs, weapon carrying, and victimization. We look forward to partnering with you in this proven project during 2015 and subsequent years.</p>
Amount Requested	\$2,500.00

Narrative (limit to no more than 3 pages total)

1. **Purpose and Project Description.** In detail, describe your proposed project from planning stages, implementation, to evaluation. Mention any other agencies or volunteer groups who will be partnering or supporting your effort.
2. **Needs Statement:** Describe why your project is needed and show how it supports people with developmental disabilities or promotes mental health in Pacific County.
3. **Project Timeline & Organization:** Please provide an outline and schedule for implementing and organizing this project.
4. **Project Target:** Who is the project's intended targeted audience? How many people will be involved in the project?
5. **Goals & Objectives:** What are the goals and expected outcomes of the project and how will they be measured?
6. You will be expected to give an oral presentation or written account of your project. Who will take responsibility for reporting back to the network?

BUDGET

Item Description & Justification	Quantity	Rate	Cost
Cispus Learning Center (lodging & meals)			\$1,800.00
Supplies & final day BBQ			\$ 200.00
Transportation			\$ 500.00

Total Amount Requested: _____\$2,500.00_____

*If we can't provide the full funding, what is the minimum dollar amount you would need from us in order to still run your project//program? _____\$2,000.00_____

*We will assume that if we can't fund at least your minimum request, you are not interested in a grant. **Stating a minimum amount will not hurt your chances of receiving full funding.** In fact, it will improve your chances of receiving at least some funding. If we receive a large number of grant requests, we may decide to partially fund as many projects as we can instead of fully funding just a few. Thanks for your understanding. It is a good idea to keep a copy of your whole application. Good luck to you

1. Purpose and Project Description:

Wahkiakum Health and Human services will partner with Naselle High School, Naselle Middle School, Wahkiakum High School, Wahkiakum Middle School, Wahkiakum Search and Rescue, Wahkiakum Sheriff's Department, and Wahkiakum Community Network.

The program starts with high school age youth learning Project Toward Drug Abuse (Project TND). This is so the high school students will be able to teach the program to the 8th graders at the leadership camp. The camp takes approximately 3 months to prepare and then is ran over 3 ½ days in Randel, WA.

2. Needs Statement

Wahkiakum Health and Human Services is opening a Leadership opportunity to high school leaders to teach the 8th graders at their school the curriculum "Project Toward No Drug Abuse 'TND'". Project TND is a proven method of helping youth find ways to deal with Adverse Childhood Experiences in a productive way instead of turning to drugs and/or alcohol.

3. Project Timeline & Organization

High School Training begins in February. The 8th Grade camp is held the beginning of May, scheduling dependent upon availability at Cispus Learning Center.

4. Project Target:

The target is all 8th graders in Naselle Middle School and select high school students, who will be implementing Project TND.

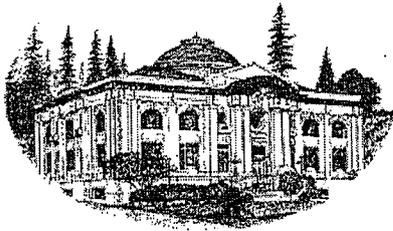
5. Goals & Objectives:

The goal is to reduce or eliminate the use of drugs and alcohol while helping guide better choices with the Naselle youth. For the select high school students the goal is to learn how to be a leader.

6. Reporting:

High School leadership Team will give a report detailing what happened at camp. This will be done with a video and an or a presentation (depending on scheduling this might be via dvd or in person). Ginger Hake, Coalition Coordinator, will be responsible for getting the report to you for review in a timely manner.

Project summary: Wahkiakum Health and Human Services is inviting Naselle Middle School 8th Graders and select high School age youth to participate in Project Toward No Drug Abuse (Project TND) at Cispus Learning Center in Randal, Washington. The program is a 3 ½ day overnight camp where the select high school students implement Project TND with adult oversight. Project TND is a proven method of reducing the use of cigarettes, alcohol, marijuana, hard drugs, weapon carrying, and victimization.



PACIFIC COUNTY COURTHOUSE
National Historic Site

PACIFIC COUNTY

Public Health and Human Services Department

1216 W. Robert Bush Drive, P.O. Box 26, South Bend, WA 98586
7013 Sandridge Road Long Beach, WA 98631

E-mail Address: koien@co.pacific.wa.us

Willapa Harbor Area
(360) 875-9343
FAX 875-9323

Peninsula Area
(360) 642-9349
FAX 642-2781

Naselle
(360) 484-7343

North Cove/Tokeland
(360) 267-8343

To: Geri Marcus, Kristin Clouse, Janet Darcher, Willapa Behavioral Health
From: Katie Lindstrom, Deputy Director
Date: January 5, 2015
Subject: 2015 Millage Award

We are pleased to inform you that the following 2015 Millage Mini-grants have been **PARTIALLY** funded as follows:

- Family Focus Parenting Program (\$2700)
- Jail Mental Health Assessments (\$3000)
- Wellness (\$1500)

Attached is the contract and billing form for your use. Funds must be used as outlined in your millage application(s). If you have any questions about this funding, the contract, or the program, please feel free to contact me at 360-642-9300 ex 2648.

Thank you!

Contract # Millage-2015 Willapa Behavioral Health

THIS AGREEMENT is made and entered into this the _____ day of _____, 20____ by and between **Pacific County**, hereinafter referred to as "County," and **Willapa Behavioral Health**, hereinafter referred to as "Agency."

THE PURPOSE of this Agreement is to provide for the delivery Millage Mini Grant Program Services as outlined below, and in **attachment B- Family Focus, attachment C- Jail Assessments, and D- Wellness**. The effective dates for this agreement shall begin January 1, 2015 and end December 31, 2015. The County and the Agency agree to the terms and conditions set forth in the following provisions:

1. **PAYMENT**: All expenses under this program must be incurred and all program activities complete by December 31, 2015. Payment to the Agency for performance hereunder shall be on the basis of reimbursement for actual reimbursable costs provided that such reimbursable costs are in accordance with specific contract allocations set forth below. Attachment A- Invoice shall be submitted along with appropriate back up documentation, by the 15th of the month following the date of service to the Pacific County Health Department at PO Box 26 South Bend, WA 98585. **Invoices received after January 10, 2016, will not be paid.**
2. **STATEMENT OF WORK**: Program expectations will be completed as outlined in Attachment(s) B, C, and D.
3. **BUDGET**: The budget shall be \$2700 for Family Focus, \$3000 for Jail Assessments, and \$1500 for Wellness.
4. **INDEMNIFICATION**: In accepting this Agreement, the CONTRACTOR, including its successors and assigns, does hereby covenant and agree to indemnify and protect and save harmless the COUNTY and its officers and employees from all claims, actions, or damages of every kind and description which may accrue to or be suffered by any person, partnership, corporation, or other entity of any kind that arise in whole or in part from intentional tort(s), or negligent act(s) or omission(s), or strict liability of the CONTRACTOR or its employees, agents, successors, or assigns. If the above sentence applies and any suit or action is brought against the COUNTY, its officers, its employees, or any combination thereof, the CONTRACTOR, including its successors or assigns, shall defend the suit or action at his or her or their sole cost and expense and shall fully satisfy any judgment that is rendered against the COUNTY, its officers, its employees, or any combination thereof.
5. **INSURANCE**: The CONTRACTOR shall maintain, and upon request of the COUNTY, provide proof of occurrence based general business professional liability insurance in the amount of \$1,000,000 or greater per occurrence and \$2,000,000 aggregate for the term of this CONTRACT. The CONTRACTOR must name the COUNTY as an additional insured. **The CONTRACTOR agrees that its liability insurance shall be primary and non-contributory to the COUNTY's and that CONTRACTOR's liability insurance policy shall so state.** The CONTRACTOR shall be responsible at its own expense to provide any and all employment insurance coverage, including but not limited to, unemployment insurance, worker's compensation insurance, etc. for any and all of its employees as might apply. Proof of the above mentioned insurance coverage must be provided to the COUNTY before services are to take place. Reimbursement will not be made until proof of insurance has been provided to the COUNTY.
6. **BACKGROUND CHECKS**: Agency must maintain (and provide proof upon demand), of acceptable completion of a criminal background check (within the past 2 years) for any individual who works or volunteers as part of this program that will have supervised or unsupervised access to vulnerable adults or children.
7. **REPORTING**: Within (3) months of completion of your program, a written or oral report will be submitted and/or presented to the Pacific County Human Services Advisory Council outlining the outcomes from your program.
8. **MODIFICATION**: Either party may request a change or addition to this Agreement. No change or addition to this Agreement shall be valid or binding upon either party unless such change or addition is in writing and properly executed by both parties.

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IN WITNESS WHEREOF, the COUNTY and CONTRACTOR have executed this AGREEMENT the date(s) so noted below.

AGENCY

BOARD OF COUNTY COMMISSIONERS
PACIFIC COUNTY, WASHINGTON

Date

Lisa Ayers, Chair

Agency Tax Identification Number

Steve Rogers, Commissioner

APPROVED AS TO FORM:

Frank Wolfe, Commissioner

Pacific County Prosecuting Attorney

ATTEST:

Mark McClain

Date

Clerk of the Board

Date

Attachment A- Invoice (complete one invoice for each millage award you are requesting reimbursement from)

Month/Year:

Agency Name & Mailing Address:

Narrative- please describe what happened, how many individuals were served, goals met, and any other outcomes resulting from program:

Previous amount requested to date (cumulative): _____

Description	Amount Requested

Total request for this month: \$ -

Total Amount Awarded (enter amount for this award):

Total Requested to date (including this month) \$ -

Remaining Balance \$ -

I, the undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due, and unpaid obligation against the County of Pacific and that I am authorized to authenticate and certify to said claim.

Signed _____ **Title** _____

Date _____

Please send all invoices along with supporting documentation to:
Pacific County Health & Human Services
Attention: Kathy Langbraaten
PO Box 26
South Bend, WA 98586
No later than the 15th of the day following the month of service

APPLICANT INFORMATION

Agency applying for funding: Willapa Behavioral Health

Physical Address: 2204 Pacific Avenue North

City: Long Beach **State:** WA **Zip:** 98631

Mailing Address: 2204 Pacific Avenue North

City: Long Beach **State:** WA **Zip:** 98631

Phone Number: (360) 942-2303 **Email:** Clousek@willapabh.org

Name and Qualifications of person who will provide the services:

See attached paper with staff information

Name and Qualifications of the person who will be administering the funding:

Kristin Clouse, Clinical Manager
Masters of Arts in Counseling Psychology 2010
Licensed Mental Health Counselor
9 years experience in Counseling and Mental Health
Employed at WBH since 2011
DMHP since 2012

Project Summary

Project Title	Family Focus Group
Agency	Willapa Behavioral Health
Project Summary (Limit responses to one paragraph)	<p>Family Focus is a group counseling/training program provided in a 6 week session that will benefit the families in our community. The program will be open to 12 families, preferably those at risk, within the community. Parents and children are asked to commit to attend all 6 weeks. The group will begin in the evening with a family meal time where all the families will join together at a large table for dinner. This will give the families opportunities to interact with other families, as well as sitting within their own family group. Next members will be divided into groups. Parents will go to one group and the children will go off into two separate groups designated by age. The parents group will focus on parenting skills, dealing with behavioral issues, and learn healthy ways to express their own feelings. The two groups of children will focus on understanding feelings, healthy ways to express feelings, sharing, respecting others, and good manners. At the end of the night, all will come back together to share what they learned.</p>
Amount Requested	\$6600.00

Narrative (limit to no more than 3 pages total)

- 1. Purpose and Project Description.** In detail, describe your proposed project from planning stages, implementation, to evaluation. Mention any other agencies or volunteer groups who will be partnering or supporting your effort.
- 2. Needs Statement:** Describe why your project is needed and show how it supports people with developmental disabilities or promotes mental health in Pacific County.
- 3. Project Timeline & Organization:** Please provide an outline and schedule for implementing and organizing this project.
- 4. Project Target:** Who is the project's intended targeted audience? How many people will be involved in the project?
- 5. Goals & Objectives:** What are the goals and expected outcomes of the project and how will they be measured?
- 6. You will be expected to give an oral presentation or written account of your project. Who will take responsibility for reporting back to the network?**

BUDGET

Item Description & Justification	Quantity	Rate	Cost
Spring Session: Dinner Meal for 6 weeks for all participants	6 weeks	\$100	\$600
Spring Session: Staff cost	6 weeks	\$300	\$1800
Spring Session: Misc supplies and materials for groups	6 weeks	\$150	\$900
Fall Session: Dinner Meal for 6 weeks for all participants.	6 weeks	\$100	\$600
Fall Session: Staff cost	6 weeks	\$300	\$1800
Fall Session: Misc supplies and materials for groups	6 weeks	\$150	\$900

Total Amount Requested: \$6600.00

*If we can't provide the full funding, what is the minimum dollar amount you would need from us in order to still run your project//program? \$5280

*We will assume that if we can't fund at least your minimum request, you are not interested in a grant. **Stating a minimum amount will not hurt your chances of receiving full funding.** In fact, it will improve your chances of receiving at least some funding. If we receive a large number of grant requests, we may decide to partially fund as many projects as we can instead of fully funding just a few. Thanks for your understanding. It is a good idea to keep a copy of your whole application. Good luck to you

Geri Marcus, Executive Director of Willapa Behavioral Health (WCC), 2204 Pacific Avenue North, Long Beach Washington 98631, is submitting this application for \$6600.00 to provide family focus outreach services in the north end of Pacific County. Kristin Clouse, Clinical Manager will be the principal contact person for the duration of this contract and is the supervisor of the staff who are designated to provide family focus outreach services.

In looking at the needs of our community, there has been one aspect that has stood out to Willapa Behavioral Health that is often overlooked. That is the needs of families. Families have limited incomes and with limited resources within communities and in schools, families are increasingly in crisis and are in need of help and support. The program goal is give families the tools to communicate with one another, to be able to address behavioral issues, to teach appropriate and healthy ways to handle conflict, and to be proactive in regards to family issues.

Families in communities of all sizes have been affected by the changes in our society. Everything today is centered on technology; video games, computers, facebook, my space, cell phones and texting are the wave of entertainment and communication and although technology is wonderful, it also causes separation between family members. No longer is it normal to have dinner around the table. No longer is it normal to communicate face to face with one another. With this lack of communication skills and time with one another as a family, when a crisis hits, many families today don't know how to pull themselves together to resolve issues that quickly escalate to a crisis.

On the other side of this issue is that many parents lack the general tools and understanding of how to parent their children. In our society there is a rise of children with diagnoses such as Conduct Disorder, Oppositional Defiant Disorder, and behavioral issues. The rule of thumb in helping children and parents with these behavioral issues is consequences, both positive and negative to their choices. Not every child or family may have someone who is diagnosed with a behavioral disorder, but many families are dealing with children who have these traits and the parents lack the skills or understanding in how to address these issues. WBH's goal is to equip parents with the abilities to address behavioral issues with their children; to teach them how to discipline and address negative behaviors in a healthy manner, and to understand the core issues of behavioral problems. WBH hopes to teach families how to change their responses that may contribute to these core issues.

Often our schools are the place where behavioral issues are dealt with, however within the school setting, the school staff's primary focus is on education. Schools are ill equipped to address the needs of the families of their students. In essence our goal is to become the bridge that is between the schools and the family needs. With this in mind, the Family Focus Groups will be provided at one of the schools in North County. This will give the connection and relationship between the community, the schools, and the mental health agency.

Family Focus is a group counseling/training program provided in a 6 week session that will benefit the families in our community. The program will be open to 12 families, preferably those at risk, within the community. Parents and children are asked to commit to attend all 6 weeks. The group will begin in the evening with a family meal time where all the families will join together at a large table for dinner. This will give the families opportunities to interact with other families, as well as sitting within their own family group. Towards the end of the meal, each family will work on a variety of family communication techniques that are designed to help family members learn to communicate with one another in caring and healthy ways. They will learn to share their feelings with one another, complement one another, use manners, and enjoy one another's company.

Next families will be split. Parents will go to one group and the children will go off into two separate groups designated by age. The parents group will focus on parenting skills, dealing with behavioral issues, and learn healthy ways to express their own feelings. The two groups of children will focus on understanding feelings, healthy ways to express feelings, sharing, respecting others, and good manners. At the end of the night, all will come back together to share what they learned.

The family focus outreach program will consist of two six week programs. The first will be held approximately in March, 2015 and continue for six weeks and the second will begin approximately in October, 2015 and continue for six weeks. Six weeks before each program begins we will work with the schools to recruit group members. Recruitment will be conducted by contacting community outreach programs, schools, notices being sent home with the students of each school district, churches, and with posters being placed within our community.

Once families have been selected, based on availability and commitment to the program, the families will be notified of their selection. Reminder calls will be made to each family the day before group and family members will be

asked to sign a commitment contract, as well as confidentiality forms for each family member. A survey will be conducted before and after families complete the program to assess the effectiveness of the program. Program success will be measured by participant satisfaction. This program will take 5 staff members to conduct and lead the classes. The meals will be done by staff members. All of the staff members will be from Willapa Behavioral Health. The groups will run for a total of 6 weeks, three hours per group; with the cost for each group night being \$550 (up to 30 individuals per group), which includes dinner at \$100, \$300 for staff, and \$150 for materials, supplies. This will require a total of \$3300 for each 6 week session, with one session running in the spring and one in the fall for a total of \$6600.

WILLAPA COUNSELING CENTER

STAFF QUALIFICATIONS

Geri Marcus, Executive Director

Kristin Clouse, Clinical Manager
Masters of Arts in Counseling Psychology 2010
Licensed Mental Health Counselor
9 years experience in Counseling and Mental Health
Employed at WBH since 2011
DMHP since 2012

Lyndsey Owen, Child, Family and Adult Therapist
Masters of Arts in Counseling Psychology 2013
Agency Affiliated Therapist
2 years experience in Counseling and Mental Health
Employed at WBH since 2013

Karin Memmer, Child, Family and Adult Therapist
Masters in Social Work
Agency Affiliated Therapist
6 years experience in Counseling and Mental Health
Employed at WBH since 2014

Lynn Thayer, Child, Family and Adult Therapist
Masters of Arts in Counseling 2013
Agency Affiliated Therapist
2.5 years experience in Counseling and Mental Health
Employed at WBH since 2014

Judd Comer, Case Manager
Agency Affiliated
15 years experience in Behavior Modification
Employed at WBH since June 2012

Renee Boggs, Case Manager
Agency Affiliated
1 year experience in Behavior Modification
Employed at WBH since 2014

APPLICANT INFORMATION

Agency applying for funding: Willapa Behavioral Health

Physical Address: 2204 Pacific Avenue North

City: Long Beach **State:** WA **Zip:** 98631

Mailing Address: 2204 Pacific Avenue North

City: Long Beach **State:** WA **Zip:** 98631

Phone Number: (360) 942-2303 **Email:** Bissonl@willapabh.org

Name and Qualifications of person who will provide the services:

See attached paper with staff information

Name and Qualifications of the person who will be administering the funding:

Kristin Clouse, Clinical Manager
Masters of Arts in Counseling Psychology 2010
Licensed Mental Health Counselor
9 years experience in Counseling and Mental Health
Employed at WBH since 2011
DMHP since 2012

Project Summary

Project Title	Jail Outreach
Agency	Willapa Behavioral Health
Project Summary (Limit responses to one paragraph)	<p>The jail outreach program will provide mental health therapists who will work with jail staff, the inmate's primary care physician, jail medical staff and the inmate towards a recovery plan that may prevent hospitalization and/or a longer incarceration. The activities which will constitute the jail outreach program includes: crisis intervention, consultation, case coordination, brief therapy and/or discharge planning. A therapist will visit the jail once a week (at a mutually agreed upon day and time) for two to three hours to visit inmates who request jail outreach services. Jail staff will also request services for an inmate when indicated. The Pacific County Jail staff will complete a referral form that will be given to the mental health therapist upon their arrival at the jail. The mental health therapist will assess inmates' mental health status and related safety issues, consult with the inmate's primary physician or the jail medical staff, and when appropriate, develop a brief plan of intervention and follow up. Referrals to other community services may be part of the discharge plan and staff may consult with other appropriate local agencies. Consultation and education will be provided to jail staff on effective methods of intervention with inmates with mental illness and how to maintain safety for all inmates and staff. Staff will provide jail personnel with a report of the service provided.</p>
Amount Requested	\$4,000

Narrative (limit to no more than 3 pages total)

- 1. Purpose and Project Description.** In detail, describe your proposed project from planning stages, implementation, to evaluation. Mention any other agencies or volunteer groups who will be partnering or supporting your effort.
- 2. Needs Statement:** Describe why your project is needed and show how it supports people with developmental disabilities or promotes mental health in Pacific County.
- 3. Project Timeline & Organization:** Please provide an outline and schedule for implementing and organizing this project.
- 4. Project Target:** Who is the project's intended targeted audience? How many people will be involved in the project?
- 5. Goals & Objectives:** What are the goals and expected outcomes of the project and how will they be measured?
- 6. You will be expected to give an oral presentation or written account of your project. Who will take responsibility for reporting back to the network?**

BUDGET

Item Description & Justification	Quantity	Rate	Cost
Counseling Services in Jail	80	\$50	\$4,000

Total Amount Requested: \$4000.00

*If we can't provide the full funding, what is the minimum dollar amount you would need from us in order to still run your project//program? \$4000

*We will assume that if we can't fund at least your minimum request, you are not interested in a grant. **Stating a minimum amount will not hurt your chances of receiving full funding.** In fact, it will improve your chances of receiving at least some funding. If we receive a large number of grant requests, we may decide to partially fund as many projects as we can instead of fully funding just a few. Thanks for your understanding. It is a good idea to keep a copy of your whole application. Good luck to you

WILLAPA BEHAVIORAL HEALTH

STAFF QUALIFICATIONS

Geri Marcus, Executive Director

Kristin Clouse, Clinical Manager

Masters of Arts in Counseling Psychology 2010

Licensed Mental Health Counselor

9 years' experience in Counseling and Mental Health

Employed at WBH since 2011

DMHP since 2012

Geoff Schiller, Mental Health Professional

Licensed Independent Clinical Social Worker

Masters of Social Work 1984

27 years experience in mental health

Employed at WBH since 1990

DMHP since 1990

Bill Weiss, Mental Health Professional

Counselor Agency Affiliated Registration

Masters of Social Work 1975

37 years experience in crisis work and corrections

Employed at WBH since 2006

DMHP since 2006

Lin Li, Mental Health Professional

Masters of Social Work, 2010

6 years' experience in Mental Health

Employed at WBH since January 2011

DMHP since 2011

Karin Memmer, Child, Family and Adult Therapist

Masters in Social Work

Agency Affiliated Therapist

6 years experience in Counseling and Mental Health

Employed at WBH since 2014

Lynn Thayer, Child, Family and Adult Therapist

Masters of Arts in Counseling 2013

Agency Affiliated Therapist

2.5 years experience in Counseling and Mental Health

Employed at WBH since 2014

Judd Comer, Case Manager

Agency Affiliated

15 years experience in Behavior Modification

Employed at WBH since June 2012

Renee Boggs, Case Manager

Agency Affiliated

1 year experience in Behavior Modification

Employed at WBH since 20

WILLAPA BEHAVIORAL HEALTH

Pacific County Millage RFA Application

Geri Marcus, Executive Director of Willapa Behavioral Health (WCC), 2204 Pacific Avenue North, Long Beach Washington 98631, is submitting this application for \$4,000.00 to provide jail outreach services in the Pacific County Jail. Kristin Clouse, Clinical Manager will be the principal contact person for the duration of this contract and is the supervisor of the staff who are designated to provide jail outreach services.

For the past nine years Willapa Behavioral Health has been providing counseling services in the jail with the financial support of the Pacific County Millage dollars and Jail Transition dollars have helped supplement the program for the past five years. Millage monies were used to pay for services to inmates that were not enrolled in the mental health system and Jail Transition monies were used to service inmates that were already clients of WBH. Staff provide services in the jail on a weekly basis or more often as the need arises. Clients either asked to talk with a counselor or were referred by jail personnel. The services that were provided included mental health evaluations, crisis stabilization, referrals to the jail ARNP or CD services and ongoing brief mental health intervention. Staff have been responsive to crisis in the jail and provided ITA investigations in the jail. Referrals for post release treatment have also been an element of the services provided. Staff have successfully been able to assist the jail in maintaining inmates safely in the jail and prevented numerous hospitalizations. Jail staff have voiced a high degree of satisfaction with the services that are being provided and have voiced a desire to continue with the services in the jail. Ongoing coordination with the jail staff and training provided to law enforcement has been beneficial in increasing the quality services provided to the jail and has enhanced their satisfaction with WBH's services.

Jails have effectively become America's mental institutions; they house a larger volume of mentally ill people than all other psychiatric hospitals combined. Yet, these inmates rarely receive the mental health treatment they need and courts have determined they have a right to receive. WBH is proposing to continue to provide crisis evaluations and counseling to inmates held in the Pacific County jail to ensure appropriate, necessary treatment of these individuals and assist in transitioning them back into the community. Consultation and education of Jail personnel is ongoing.

For persons with mental disorders, incarceration in the jail can be a terrifying experience. The jail setting is not conducive for ongoing effective treatment nor is jail staff trained in the care and treatment of persons with mental illness. Inmates' emotional and behavioral problems in the jail make it difficult for other inmates and for staff to maintain safety in the jail. The safety risk within the jail increases psychiatric hospitalizations, prolongs court hearings and incarceration time and subsequently, increases the cost of providing care to the inmates. Providing crisis evaluations, consultation and brief counseling in the jail can ensure the humane treatment of mentally ill individuals in the jail resulting in improved safety for inmates and staff and coordination of discharge planning for the inmates. The jail outreach program's specific, measurable outcomes will be 1) a decrease in the number of psychiatric hospitalizations of the inmate population and 2) voiced satisfaction in services expressed by the jail staff.

The jail outreach program will provide mental health therapists who will work with jail staff, the inmate's primary care physician, jail medical staff and the inmate towards a recovery plan that may prevent hospitalization and/or a longer incarceration. The activities which will constitute the jail outreach program includes: crisis intervention, consultation, case coordination, brief therapy and/or discharge planning. A therapist will visit the jail once a week (at a mutually agreed upon date and time) for two to three hours to visit inmates who request jail outreach services. Jail staff will also request services for an inmate when indicated. The Pacific County Jail staff will complete a referral form that will be given to the mental health therapist upon their arrival at the jail. The mental health therapist will assess inmates' mental health status and related safety issues, consult with the inmate's primary physician or the jail medical staff, and when appropriate, develop a brief plan of intervention and follow up. Referrals to other community services may be part of the discharge plan and staff may consult with other appropriate local agencies. Consultation and education will be provided to jail staff on effective methods of intervention with inmates with mental illness and how to maintain safety for all inmates and staff. Staff will provide jail personnel with a report of the service provided. The jail outreach program will commence on January 1, 2015 and continue through December 31, 2015. The jail outreach program is presently fully operational in the Pacific County jail and therefore should present no further implementation issues. The accomplishment of the specific objectives including a decrease in the number of psychiatric hospitalizations of the inmate population and overall jail satisfaction with the project will be immediately realized and relevant data will be available. Three experienced mental health therapists and a case manager, located in our WBH Raymond site, will

provide the jail outreach services for the project. These individuals receive ongoing training to ensure maximum expertise in the type of service provision.

Budget Justification: The actual unit cost of service has been \$46.72 per hour. Services have been provided in the jail since 2005. With the increase in providing services and the State's ongoing threat to cut Jail Transition Services, an increase of 7% unit cost is anticipated. Therefore the budget detail will include the number of hours of service rendered, plus a 7% increase. The cost of the program will be \$50.00 per hour for a total of 80 hours of service with a projected cost of \$ 4,000.00

APPLICANT INFORMATION

Agency applying for funding: Willapa Behavioral Health Long Beach, WA

Physical Address: 2204 Pacific Ave N.

City: Long Beach State: Washington Zip: 98631

Mailing Address: same as above

City: _____ State: _____ Zip: _____

Phone Number: 360-624-3787 Email: darcherj@willapabh.org

Name and Qualifications of person who will provide the services:

Anna Klingler-Mental Health Case Manager AAC

Lindsey Wofford-Mental Health Case Manager AAC

Michelle Tobin-Mental Health Case Manager AAC

Janet Darcher- Director of Operations AAC

Renee Boggs- Mental Health Case Manager AAC

Name and Qualifications of the person who will be administering the funding:

Bob Caetano- Finance Director

Project Summary

Project Title	Wellness
Agency	Willapa Behavioral Health
Project Summary (Limit responses to one paragraph)	<p>WELLNESS provides three programs that includes, a 6 week educational group that run throughout the year (Understanding Wellness), a twice a week exercise program, and a sustained activity (Choosing Wellness) that gives participants an opportunity to produce a product for personal use; working together to make and carry out plans. The Millage Funds provide scholarships for the exercise group and funds for activities. This past years grant money was used for crafts (quilting, crocheting, clay, paper crafts) and gardening. Clients cultivate a garden, produced food and learned ways to store food produced in the garden. Participation in Wellness has grown this year and typically 6-9 clients have regular year long attendance in all programs. This year WBH will expand services to the Raymond office.</p>
Amount Requested	\$2492

Narrative (limit to no more than 3 pages total)

Purpose and Project Description. CHOOSING WELLNESS orients individuals to possibilities and strategies to improve their quality of life. Mental health clients have a lifetime expectancy that is statistically 25 years shorter than the general population. What contributes to this phenomenon is dissatisfaction with limitations, loneliness, and lack of self-satisfaction. Many clients had active, productive lives before their illness and its side effects interfered. Mental illness and medications, which may become necessary, can also produce side effects such as lethargy, tendency toward isolation, and increased depression. Each of these symptoms may be alleviated by something productive to do and someone to do it with.

Wellness is oriented toward maximizing an individual's potential. It is a life-long process of moving towards enhancing physical, mental/intellectual, emotional, social, spiritual and environmental well-being. This is why Willapa Behavioral Health provide three components to our wellness program; Choosing Wellness. The exercise program meets twice a week at a local gym giving participants an awareness of services that are available in the community. It is facilitated by two Mental Health Case Managers(MHCM). Participants that have regular attendance are offered financial assistance through scholarships if needed. The activity group meets once a week to discuss, plan and coordinate projects they will engage in. The education group, Understanding Wellness is taught by MHCM and meets once a week, highlighting important components of wellness:

- **Emotional** refers to the feeling component; to express and display emotions comfortably, effectively and in a healthy manner. Feelings of self-esteem, self-confidence, self-efficacy, trust, love, and many other emotional reactions & responses.
- **Mental/Intellectual** refers to the ability to learn, the ability to grow from experience, & intellectual capabilities. Decision making is a vital component of one's mental health.
- **Social** refers to the ability to have satisfying inter-personal relationships and to appreciate and respect individual differences. Ability to interact with others, to adapt to various social situations, & daily behaviors.
- **Environmental** refers to an appreciation for the external environment and the role an individual plays in preserving, and improving environmental conditions.
- **Physical** includes characteristics such as body size, shape, sensory acuity, susceptibility to disease & disorders, body function, and recuperative ability. It also includes striving for positive lifestyle behaviors and taking personal responsibility for one's own health and health care.
- **Spiritual** involves seeking meaning and purpose in human existence. The spiritually well individual explores and develops a personal belief system, establish values and lives a life that is consistent with those values and beliefs. Spiritual wellness is about creating a sense of inner peace.

CHOOSING WELLNESS Workplan

OUTCOME #1: *Ensure that wellness program and curriculum are current and reflect best practice*

OUTCOME #1 WORKPLAN

LBO-Long Beach Office RO-Raymond Office

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs
<i>Review Understanding Wellness curriculum and make any changes to ensure that it reflects best practice for wellness education</i>	<ul style="list-style-type: none"> ▪ MHCM/instructors ▪ Director of Operations 	11/14-1/15	Janet Darcher	Best Practice Curriculum
<i>Establish activities that are relevant to client needs.</i>	<ul style="list-style-type: none"> ▪ MHCM/instructors ▪ Director of Operations 	11/14-1/15	Anna Klingler-LBO Renee Boggs-RO	Relevant Activities
<i>Develop a year long timeline for activities</i>	<ul style="list-style-type: none"> ▪ MHCM/instructors ▪ Director of Operations 	11/14-1/15	Anna Klingler-LBO Renee Boggs-RO	Time lines developed

OUTCOME #1 EVALUATION PLAN

Outcomes #1: Outcome Indicators	Data Collection Method and Timeframe
<ul style="list-style-type: none"> Curriculum is developed and printed. Timelines established for activities 	<ul style="list-style-type: none"> Curriculum developed by 11/30/14 Workbooks printed by 12/30/14 Activities Calendar established 12/30/14

OUTCOME #2: Develop relationships with area fitness programs

OUTCOME #2 WORKPLAN

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs
<i>Develop relationships with local gyms and exercise facilities.</i>	<ul style="list-style-type: none"> MHCM Director of Operations 	1/15-12/15	Janet Darcher	Local programs provide access to facilities.
<i>Establish an awareness of WBH wellness program with facilities</i>	<ul style="list-style-type: none"> MHCM Director of Operations 	1/15-12/15	Janet Darcher	Local programs include WBH activities in their schedules
	<ul style="list-style-type: none"> 			

OUTCOME #2 EVALUATION PLAN

Outcomes #2: Outcome Indicators	Data Collection Method and Timeframe
<ul style="list-style-type: none"> Choosing Wellness is part of community facility programming 	<ul style="list-style-type: none"> WBH programming is written into facility schedules and program by 12/31/15

OUTCOME #3: Provide oversight and manage funds for the CHOOSING WELLNESS/Millage Grant

OUTCOME #3 WORKPLAN

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs
<i>Director of Operations will track client participation in CHOOSING WELLNESS.</i>	<ul style="list-style-type: none"> Director of Operations 	1/15-12/15	Janet Darcher	Weekly participation by 4 or more clients in each component of Choosing Wellness
<i>Director of Finance will manage funds</i>	<ul style="list-style-type: none"> Director of Finance 	1/15-12/15	Bob Caetano	Manage funds
	<ul style="list-style-type: none"> 			

OUTCOME #3 EVALUATION PLAN

Outcomes #3: Outcome Indicators	Data Collection Method and Timeframe
<ul style="list-style-type: none"> Accurate oversight and management of Millage Grant Funds 	<ul style="list-style-type: none"> Weekly Tracking Progress Notes Monthly Assessment Quarterly Report to WBH Board of Directors

OUTCOME #4: Increased understanding of effective wellness strategies for WBH clients

OUTCOME #4 WORKPLAN

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs
<i>Develop and provide a weekly wellness group that highlights physical,</i>	<ul style="list-style-type: none"> MHCM 	1/15-12/15	Anna Klingler-LBO	Ongoing weekly participation by 4 or

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs
<i>mental/intellectual, emotional, social, spiritual and environmental well-being</i>			<i>Renee Boggs-RO</i>	<i>more WBH clients</i>
<i>Weekly Project Group</i>	▪ <i>MHCM</i>	<i>1/15-12/15</i>	<i>Anna Klingler-LBO Renee Boggs-RO</i>	<i>Ongoing weekly participation by 4 or more WBH clients</i>
<i>Twice Weekly Exercise Group</i>	▪ <i>MHCM</i>	<i>1/15-12/15</i>	<i>Lindsey Wofford-LBO Renee Boggs-RO</i>	<i>Ongoing weekly participation by 4 or more WBH clients</i>

OUTCOME #4 EVALUATION PLAN

Outcomes #4: Outcome Indicators	Data Collection Method and Timeframe
<ul style="list-style-type: none"> Increased understanding of effective wellness strategies that individuals can use to improve their health and quality of life. 	<ul style="list-style-type: none"> Progress Note review/ Monthly Monthly Program review Quarterly financial review

BUDGET

Item Description & Justification	Quantity	Rate	Cost
Gym scholarships	48 (4/month)- LBO 24 (4.month)- RO	\$11.00	\$792
Activity Supplies		\$75/month- LBO \$50/month- RO	\$1500
Gardening Supplies			\$200

Total Amount Requested: \$2492

*If we can't provide the full funding, what is the minimum dollar amount you would need from us in order to still run your project//program? \$1500

*We will assume that if we can't fund at least your minimum request, you are not interested in a grant. **Stating a minimum amount will not hurt your chances of receiving full funding.** In fact, it will improve your chances of receiving at least some funding. If we receive a large number of grant requests, we may decide to partially fund as many projects as we can instead of fully funding just a few. Thanks for your understanding. It is a good idea to keep a copy of your whole application. Good luck to you



PACIFIC COUNTY COURTHOUSE
National Historic Site

PACIFIC COUNTY

Public Health and Human Services Department

1216 W. Robert Bush Drive, P.O. Box 26, South Bend, WA 98586
7013 Sandridge Road Long Beach, WA 98631

E-mail Address: koien@co.pacific.wa.us

Willapa Harbor Area
(360) 875-9343
FAX 875-9323

Peninsula Area
(360) 642-9349
FAX 642-2781

Naselle
(360) 484-7343

North Cove/Tokeland
(360) 267-8343

To: Jamie Howell, Special Education Teacher- Willapa Valley School
From: Katie Lindstrom, Deputy Director
Date: January 5, 2015
Subject: 2015 Millage Award

We are pleased to inform you that the following 2014 Millage Mini-grants have been **PARTIALLY** funded as follows:

- Transitioning from school to adulthood for students with special needs (\$2000)

Attached is the contract and billing form for your use. Funds must be used as outlined in your millage application(s). If you have any questions about this funding, the contract, or the program, please feel free to contact me at 360-642-9300 ex 2648.

Thank you!

Contract # Millage-2015 Willapa Valley School

THIS AGREEMENT is made and entered into this the _____ day of _____, 20____ by and between **Pacific County**, hereinafter referred to as "County," and **Willapa Valley School**, hereinafter referred to as "Agency."

THE PURPOSE of this Agreement is to provide for the delivery Millage Mini Grant Program Services as outlined below, and in **attachment B- Transitioning from school to adulthood for students with special needs**. The effective dates for this agreement shall begin January 1, 2015 and end December 31, 2015. The County and the Agency agree to the terms and conditions set forth in the following provisions:

1. **PAYMENT**: All expenses under this program must be incurred and all program activities complete by December 31, 2015. Payment to the Agency for performance hereunder shall be on the basis of reimbursement for actual reimbursable costs provided that such reimbursable costs are in accordance with specific contract allocations set forth below. Attachment A- Invoice shall be submitted along with appropriate back up documentation, by the 15th of the month following the date of service to the Pacific County Health Department at PO Box 26 South Bend, WA 98585. **Invoices received after January 10, 2016, will not be paid.**
2. **STATEMENT OF WORK**: Program expectations will be completed as outlined in Attachments B.
3. **BUDGET**: The budget shall be \$2000 for the Transitioning from school to adulthood for students with special needs program.
4. **INDEMNIFICATION**: In accepting this Agreement, the CONTRACTOR, including its successors and assigns, does hereby covenant and agree to indemnify and protect and save harmless the COUNTY and its officers and employees from all claims, actions, or damages of every kind and description which may accrue to or be suffered by any person, partnership, corporation, or other entity of any kind that arise in whole or in part from intentional tort(s), or negligent act(s) or omission(s), or strict liability of the CONTRACTOR or its employees, agents, successors, or assigns. If the above sentence applies and any suit or action is brought against the COUNTY, its officers, its employees, or any combination thereof, the CONTRACTOR, including its successors or assigns, shall defend the suit or action at his or her or their sole cost and expense and shall fully satisfy any judgment that is rendered against the COUNTY, its officers, its employees, or any combination thereof.
5. **INSURANCE**: The CONTRACTOR shall maintain, and upon request of the COUNTY, provide proof of occurrence based general business professional liability insurance in the amount of \$1,000,000 or greater per occurrence and \$2,000,000 aggregate for the term of this CONTRACT. The CONTRACTOR must name the COUNTY as an additional insured. **The CONTRACTOR agrees that its liability insurance shall be primary and non-contributory to the COUNTY's and that CONTRACTOR's liability insurance policy shall so state.** The CONTRACTOR shall be responsible at its own expense to provide any and all employment insurance coverage, including but not limited to, unemployment insurance, worker's compensation insurance, etc. for any and all of its employees as might apply. Proof of the above mentioned insurance coverage must be provided to the COUNTY before services are to take place. Reimbursement will not be made until proof of insurance has been provided to the COUNTY.
6. **BACKGROUND CHECKS**: Agency must maintain (and provide proof upon demand), of acceptable completion of a criminal background check (within the past 2 years) for any individual who works or volunteers as part of this program that will have supervised or unsupervised access to vulnerable adults or children.
7. **REPORTING**: Within (3) months of completion of your program, a written or oral report will be submitted and/or presented to the Pacific County Human Services Advisory Council outlining the outcomes from your program.
8. **MODIFICATION**: Either party may request a change or addition to this Agreement. No change or addition to this Agreement shall be valid or binding upon either party unless such change or addition is in writing and properly executed by both parties.

9. DEBARMENT: The CONTRACTOR hereby declares that it is not suspended or debarred from securing federal and/or state funds and shall remain so during the term of this Agreement/Contract. Suspension and/or debarment of the CONTRACTOR from securing federal or state funds shall be cause for immediate termination of the Agreement/Contract by the COUNTY.

10. COMPLIANCE WITH LAWS: Throughout the duration of this Agreement, the CONTRACTOR shall comply with all applicable federal, state, and local laws, rules, regulations, and orders.

11. AMENDMENTS: No provision of this Agreement may be amended or modified except by a further written document signed by the COUNTY and the CONTRACTOR.

3. ENTIRE AGREEMENT. This written Agreement constitutes the parties' entire and integrated agreement, and supersedes all prior and contemporaneous negotiations, representations, or agreements, whether written or oral. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties hereto

IN WITNESS WHEREOF, the COUNTY and CONTRACTOR have executed this AGREEMENT the date(s) so noted below.

AGENCY

BOARD OF COUNTY COMMISSIONERS
PACIFIC COUNTY, WASHINGTON

Date

Lisa Ayers, Chair

Agency Tax Identification Number

Steve Rogers, Commissioner

APPROVED AS TO FORM:

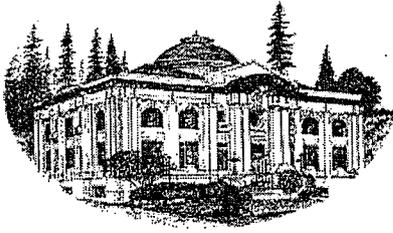
Frank Wolfe, Commissioner

Pacific County Prosecuting Attorney

ATTEST:

Mark McClain Date

Clerk of the Board Date



PACIFIC COUNTY

Public Health and Human Services Department

1216 W. Robert Bush Drive, P.O. Box 26, South Bend, WA 98586
7013 Sandridge Road Long Beach, WA 98631

E-mail Address: koien@co.pacific.wa.us

Willapa Harbor Area
(360) 875-9343
FAX 875-9323

Peninsula Area
(360) 642-9349
FAX 642-2781

Naselle
(360) 484-7343

North Cove/Tokeland
(360) 267-8343

To: Allie Friese, Executive Director, Boys & Girls Club of the Long Beach Peninsula
From: Katie Lindstrom, Deputy Director
Date: January 5, 2015
Subject: 2015 Millage Award

We are pleased to inform you that the following 2014 Millage Mini-grants have been **PARTIALLY** funded as follows:

- Kids Run the Nation Running Club (\$610)
- Boys Council (\$794)
- Girls Circle (\$794)

Attached is the contract and billing form for your use. Funds must be used as outlined in your millage application(s). If you have any questions about this funding, the contract, or the program, please feel free to contact me at 360-642-9300 ex 2648.

Thank you!

Contract # Millage-2015 Boys & Girls Club of the Long Beach Peninsula

THIS AGREEMENT is made and entered into this the _____ day of _____, 20____ by and between **Pacific County**, hereinafter referred to as "County," and **Boys & Girls Club of the Long Beach Peninsula**, hereinafter referred to as "Agency."

THE PURPOSE of this Agreement is to provide for the delivery Millage Mini Grant Program Services as outlined below, and in Attachment B- Kids Run the Nation, Attachment C- Boys Council Application, and Attachment D- Girls Circle Application. The effective dates for this agreement shall begin January 1, 2015 and end December 31, 2015. The County and the Agency agree to the terms and conditions set forth in the following provisions:

1. **PAYMENT**: All expenses under this program must be incurred and all program activities complete by December 31, 2015. Payment to the Agency for performance hereunder shall be on the basis of reimbursement for actual reimbursable costs provided that such reimbursable costs are in accordance with specific contract allocations set forth below. Attachment A- Invoice shall be submitted along with appropriate back up documentation, by the 15th of the month following the date of service to the Pacific County Health Department at PO Box 26 South Bend, WA 98585. **Invoices received after January 10, 2016, will not be paid.**
2. **STATEMENT OF WORK**: Program expectations will be completed as outlined in Attachments B, C, and D.
3. **BUDGET**: The budget shall be \$610 for Kids Run the Nation Running Club, \$794 for the Boys Council Program, and \$794 for the Girls Circle program.
4. **INDEMNIFICATION**: In accepting this Agreement, the CONTRACTOR, including its successors and assigns, does hereby covenant and agree to indemnify and protect and save harmless the COUNTY and its officers and employees from all claims, actions, or damages of every kind and description which may accrue to or be suffered by any person, partnership, corporation, or other entity of any kind that arise in whole or in part from intentional tort(s), or negligent act(s) or omission(s), or strict liability of the CONTRACTOR or its employees, agents, successors, or assigns. If the above sentence applies and any suit or action is brought against the COUNTY, its officers, its employees, or any combination thereof, the CONTRACTOR, including its successors or assigns, shall defend the suit or action at his or her or their sole cost and expense and shall fully satisfy any judgment that is rendered against the COUNTY, its officers, its employees, or any combination thereof.
5. **INSURANCE**: The CONTRACTOR shall maintain, and upon request of the COUNTY, provide proof of occurrence based general business professional liability insurance in the amount of \$1,000,000 or greater per occurrence and \$2,000,000 aggregate for the term of this CONTRACT. The CONTRACTOR must name the COUNTY as an additional insured. **The CONTRACTOR agrees that its liability insurance shall be primary and non-contributory to the COUNTY's and that CONTRACTOR's liability insurance policy shall so state.** The CONTRACTOR shall be responsible at its own expense to provide any and all employment insurance coverage, including but not limited to, unemployment insurance, worker's compensation insurance, etc. for any and all of its employees as might apply. Proof of the above mentioned insurance coverage must be provided to the COUNTY before services are to take place. Reimbursement will not be made until proof of insurance has been provided to the COUNTY.
6. **BACKGROUND CHECKS**: Agency must maintain (and provide proof upon demand), of acceptable completion of a criminal background check (within the past 2 years) for any individual who works or volunteers as part of this program that will have supervised or unsupervised access to vulnerable adults or children.
7. **REPORTING**: Within (3) months of completion of your program, a written or oral report will be submitted and/or presented to the Pacific County Human Services Advisory Council outlining the outcomes from your program.

8. MODIFICATION: Either party may request a change or addition to this Agreement. No change or addition to this Agreement shall be valid or binding upon either party unless such change or addition is in writing and properly executed by both parties.
9. DEBARMENT: The CONTRACTOR hereby declares that it is not suspended or debarred from securing federal and/or state funds and shall remain so during the term of this Agreement/Contract. Suspension and/or debarment of the CONTRACTOR from securing federal or state funds shall be cause for immediate termination of the Agreement/Contract by the COUNTY.
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IN WITNESS WHEREOF, the COUNTY and CONTRACTOR have executed this AGREEMENT the date(s) so noted below.

AGENCY

BOARD OF COUNTY COMMISSIONERS
PACIFIC COUNTY, WASHINGTON

Date

Lisa Ayers, Chair

Agency Tax Identification Number

Steve Rogers, Commissioner

APPROVED AS TO FORM:

Frank Wolfe, Commissioner

Pacific County Prosecuting Attorney

ATTEST:

David J. Burke Date

Clerk of the Board Date

Attachment A- Invoice (complete one invoice for each millage award you are requesting reimbursement from)

Month/Year:

Agency Name & Mailing Address:

Narrative- please describe what happened, how many individuals were served, goals met, and any other outcomes resulting from program:

Previous amount requested to date (cumulative): _____

Description	Amount Requested

Total request for this month: \$ -

Total Amount Awarded (enter amount for this award):

Total Requested to date (including this month) \$ -

Remaining Balance \$ -

I, the undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due, and unpaid obligation against the County of Pacific and that I am authorized to authenticate and certify to said claim.

Signed **Title**

Date

Please send all invoices along with supporting documentation to:
Pacific County Health & Human Services
Attention: Kathy Langbraaten
PO Box 26
South Bend, WA 98586
No later than the 15th of the day following the month of service

APPLICANT INFORMATION

Agency applying for funding: THE BOYS & GIRLS CLUB OF THE LONG BEACH PENINSULA

Physical Address: 404 SCHOOL ROAD

City: ILWACO State: WA Zip: 98624

Mailing Address: PO BOX 1172

City: LONG BEACH State: WA Zip: 98631

Phone Number: (360) 642-8668 Email: alliebgc@gmail.com

Name and Qualifications of person who will provide the services:

Garrett Knoll, A highly qualified Peninsula Active Learners (PAL) employee

Name and Qualifications of the person who will be administering the funding:

Allie Friese, Program Coordinator for the Boys & Girls Club of the Long Beach Peninsula

Project Summary

Project Title	Kids Run the Nation
Agency	Boys & Girls Club of the Long Beach Peninsula
Project Summary (Limit responses to one paragraph)	<p>This program will be building on the success and popularity of last year's running club at the Boys & Girls Club of the Long Beach Peninsula. The running club was created and ran by volunteers who no longer serve at the club. We would like to hire a facilitator to continue the running club and utilize curriculum around self-esteem and body image. The facilitator will run with the kids and implement the free, gender-inclusive Kids Run the Nation curriculum. The emphasis of this program is on participation and developing a healthy lifestyle as opposed to being a competitive running program. This program would run twice a year – once in the fall and once in the spring – for eight weeks each. In addition to physical fitness, this program promotes mental health and builds self-esteem.</p>
Amount Requested	\$760

- 1. Purpose and Project Description.** In detail, describe your proposed project from planning stages, implementation, to evaluation. Mention any other agencies or volunteer groups who will be partnering or supporting your effort.

We have already downloaded the free Kids Run the Nation curriculum and have a current volunteer in mind for implementation of the program. If this program is funded, we will hire our volunteer for 1.5 hours each Friday to review the curriculum (30 min) and implement the program (1 hour each session). The first session would last eight weeks and would start as soon as possible. The second session would start in the spring and last another eight weeks.

Pre- and post- surveys will be administered to students participating in the program to gauge self-esteem and body image before and after the program. Members will also be timed running one lap on the track before and after the program so that they can see their progress and take pride in their improvements.

- 2. Needs Statement:** Describe why your project is needed and show how it supports people with developmental disabilities or promotes mental health in Pacific County.

Learning healthy habits in adolescence is vital for a healthy adulthood. Running club will not only promote physical health among participants, but also mental health. According to NAMI:

- Exercise can help to treat certain medical illnesses and stop them from getting worse.
- By improving one's general physical health, an individual is at less risk of developing mental illness.
- Scientists have shown that regular aerobic exercise can decrease symptoms of anxiety and depression.
- Exercise helps to improve energy, concentration and sleep, all of which are important for people living with mental illness.

We also have a special case that relates this program to mental health and developmental disabilities; a local boy with high-functioning autism has recently expressed interest in the Boys & Girls Club, and the running club in particular. He is a fifth grader and has displayed serious behavioral issues, but loves running. His counselor recently called to find out more information about the running club because of his desire to be part of it.

Project Timeline & Organization: Please provide an outline and schedule for implementing and organizing this project.

- a. The program will be held twice a year, once in the fall and once in the spring.
- b. Each program will last approximately eight weeks, with one session occurring once a week on Fridays.
- c. The facilitator will be allowed 1/2 hour of preparation time, and each session will be 1 hour.

- 3. Project Target:** Who is the project's intended targeted audience? How many people will be involved in the project?

The major intended audiences for the implementation of this program are Boys & Girls Club members between the ages of 8 and 14. Our hired staff will run each program and will be

supported by AmeriCorps members that are already serving at the Boys & Girls Club if additional help is needed.

4. **Goals & Objectives:** What are the goals and expected outcomes of the project and how will they be measured?
- We will increase positive body image and self-esteem, and promote healthy lifestyles among participants.
 - The facilitator will administer pre- and post-surveys to participants in regards to self-esteem and body-image. Also, for more concrete results of the program, the facilitator will time the participants running one lap at the beginning of the program, and then again when the program is finished.
5. You will be expected to give an oral presentation or written account of your project. Who will take responsibility for reporting back to the network?
- Reports can be made by the facilitator after each completed program, or the overall supervisor (Allie Friese) can report on the overall program at the end of the year.

BUDGET

Item Description & Justification	Quantity	Rate	Cost
Staff	1	\$15/hr	\$360/year
T-shirts	50	\$8	\$400

Total Amount Requested: \$760

*If we can't provide the full funding, what is the minimum dollar amount you would need from us in order to still run your project//program?

If we can only receive partial funding, half (\$580) would allow us to run the program at least once.

*We will assume that if we can't fund at least your minimum request, you are not interested in a grant.

Stating a minimum amount will not hurt your chances of receiving full funding. In fact, it will improve your chances of receiving at least some funding. If we receive a large number of grant requests, we may decide to partially fund as many projects as we can instead of fully funding just a few. Thanks for your understanding. It is a good idea to keep a copy of your whole application. Good luck to you

APPLICANT INFORMATION

Agency applying for funding: THE BOYS & GIRLS CLUB OF THE LONG BEACH PENINSULA

Physical Address: 404 SCHOOL ROAD

City: ILWACO State: WA Zip: 98624

Mailing Address: PO BOX 1172

City: LONG BEACH State: WA Zip: 98631

Phone Number: (360) 642-8668 Email: alliebgc@gmail.com

Name and Qualifications of person who will provide the services:

Professional Counselor TBD

Name and Qualifications of the person who will be administering the funding:

Allie Friese, Program Coordinator for the Boys & Girls Club of the Long Beach Peninsula

Project Summary

Project Title	Boys Council Administration on the Long Beach Peninsula for 2014-15
Agency	Boys & Girls Club of the Long Beach Peninsula
Project Summary (Limit responses to one paragraph)	We will hire a professional counselor to run Boys Council for the 2014-15 school year. Boys Council improves the lives of boys ages 9 to 18 by teaching supporting positive emotional development and teaching healthy coping techniques to boys who may have dealt with, or are still dealing with traumatic, mentally disabling family or living situations. The program is in line with to substance abuse prevention or intervention strategies, and promotes mental health.
Amount Requested	\$1588

- 1. Purpose and Project Description.** In detail, describe your proposed project from planning stages, implementation, to evaluation. Mention any other agencies or volunteer groups who will be partnering or supporting your effort.

The purpose of implementing the Boys Council program on the peninsula is to help reduce the statistics as outlined in the "Needs Statement" below, in South Pacific County. By engaging local boys through this program and through the utilization of a trained counselor, participant's lives will be changed for the better. The program will be held at the Boys & Girls Club of the Long Beach Peninsula and will last approximately eight weeks (each session). This program will provide a safe space for boys to engage in conversation and creative outlets to help express themselves and alleviate any tension they may experience in home and/or school.

We will hire one facilitator to run these sessions twice a year. Through Pacific County we have a facilitator guide and three Boys Council program guides. At least one of the three AmeriCorps volunteers that are placed at the Boys & Girls Club will assist in the implementation and facilitation of this program, in whatever context they are needed by the hired facilitator.

Evaluations for each participant will be made through pre- and post-surveys, which will detail the participants self-esteem and emotional states, as well as what needs may have been met and what could be further changed to improve the program and livelihoods of young girls on the peninsula.

- 2. Needs Statement:** Describe why your project is needed and show how it supports people with developmental disabilities or promotes mental health in Pacific County.

The Circle One website describes the utility of the program: "The Council is a strengths-based group approach to promote boys' and young men's safe and healthy passage through pre-teen and adolescent years. The Council meets a core developmental need in boys for strong, positive relationships. In this structured environment, boys and young men gain the vital opportunity to address masculine definitions and behaviors and build their capacities to find their innate value and create good lives - individually and collectively!"

According to the 2012 Healthy Youth Survey results that were administered in Ilwaco middle and high school:

- 23.3% of 10th graders reported having "long-term emotional problems or learning disabilities lasting or expected to last 6 months or more" (compared to 12.7% statewide).
- 13.3% of 10th graders said it was "very unlikely" that they would seek help for a friend who was suicidal (compared to 8.7% statewide).
- 19.7% of 10th graders report having been in a physical fight more than 2 times in the past 12 months (11.8% statewide).
- 13.8% of 10th graders reported having "injuries such as bruises, cuts, black eyes, or broken bones as a result of being hurt by a boyfriend or girlfriend" (compared to 7.3% statewide).

- 3. Project Timeline & Organization:** Please provide an outline and schedule for implementing and organizing this project.

- a. The program will be held twice a year, once in the winter and once in the spring.
- b. Each program will last approximately eight weeks, with one session occurring once a week.

- c. The facilitator will be allowed 1/2 hour of preparation and set-up time, and each session will 1.5 hours.
4. **Project Target:** Who is the project's intended targeted audience? How many people will be involved in the project?
 The major intended audiences for the implementation of this program are local boys between the ages of 9 and 18. Each program will allow for the participation of 5 to 10 boys, allowing for an intimate setting for sharing and more tailored discussion. The facilitator will run each program and will be supported by AmeriCorps members that are already serving at the Boys & Girls Club.
5. **Goals & Objectives:** What are the goals and expected outcomes of the project and how will they be measured?
 a. The goals and objectives will be to help, as described above, increase self-efficacy, decrease self-harming behavior, decrease the rate of alcohol use, increase attachment to school, increase positive body image and increase social support.
 b. These will be measured through evaluations as determined by the facilitators and through comparison surveys, one given at the beginning of each program asking about the boys' current consideration of the aforementioned topics and through the use of an end-of-program survey asking their opinions of how they feel after the program has come to an end.
6. You will be expected to give an oral presentation or written account of your project. Who will take responsibility for reporting back to the network?
 a. Reports can be made after each facilitation of the program (which would require reporting twice a year), or the overall supervisor (Allie Friese) for the implementation of the program would be able to collect the reports as made by the facilitators, and surveys as gathered by the facilitators for one end-of-year report.

BUDGET

Item Description & Justification	Quantity	Rate	Cost
Staff	1	\$34/hr	\$1088/year
Materials	2	\$250/session	\$500/year

Total Amount Requested: \$1588

*If we can't provide the full funding, what is the minimum dollar amount you would need from us in order to still run your project//program?

If we can only receive partial funding, I would ask for half (\$794) so we could run the program at least once.

*We will assume that if we can't fund at least your minimum request, you are not interested in a grant.

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Phone Number: (360) 642-8668 Email: alliebgc@gmail.com

Name and Qualifications of person who will provide the services:

Professional Counselor TBD

Name and Qualifications of the person who will be administering the funding:

Allie Friese, Program Coordinator for the Boys & Girls Club of the Long Beach Peninsula

Project Summary

Project Title	Girls Circle Administration on the Long Beach Peninsula for 2014-15
Agency	Boys & Girls Club of the Long Beach Peninsula
Project Summary (Limit responses to one paragraph)	We will hire a professional counselor to run Girls Circle for the 2014-15 school year. Girls Circle improves the lives of girls ages 9 to 18 by teaching supporting positive emotional development and teaching healthy coping techniques to girls who may have dealt with, or are still dealing with traumatic, mentally disabling family or living situations. The program is in line with to substance abuse prevention or intervention strategies, and promotes mental health.
Amount Requested	\$1,588

- 1. Purpose and Project Description.** In detail, describe your proposed project from planning stages, implementation, to evaluation. Mention any other agencies or volunteer groups who will be partnering or supporting your effort.

The purpose of implementing the Girls Circle program on the peninsula is to help reduce the statistics as outlined in the "Needs Statement" below, in South Pacific County. By engaging local girls through this program and through the utilization of a trained counselor, participant's lives will be changed for the better. The program will be held at the Boys & Girls Club of the Long Beach Peninsula and will last approximately eight weeks (each session). This program will provide a safe space for girls to engage in conversation and creative outlets to help express themselves and alleviate any tension they may experience in home and/or school.

We will hire one facilitator to run these sessions twice a year. Through Pacific County we have access to a facilitator guide and handbooks for the "Mind, Body, Spirit" session and the "Friendship" session. At least one of the three AmeriCorps volunteers that are placed at the Boys & Girls Club will assist in the implementation and facilitation of this program, in whatever context they are needed by the hired facilitator.

Evaluations for each participant will be made through pre- and post-surveys, which will detail the participants' self-esteem and emotional states, as well as what needs may have been met and what could be further changed to improve the program and livelihoods of young girls on the peninsula.

- 2. Needs Statement:** Describe why your project is needed and show how it supports people with developmental disabilities or promotes mental health in Pacific County.

The Girls Circle website describes the utility of the program: "When girls voice their ideas and opinions in a safe environment, it strengthens their confidence and self-esteem and encourages them to express themselves more fully and critically think through their behavior and choices. By examining cultural expectations in a safe and supportive setting, girls gain greater awareness of their options and strengthen their ability to make choices that are consistent with their values, interests, and talents." According to the US Dept. of Health and Human Services Office of Minority Health, "Suicide attempts for Hispanic girls, grades 9-12, were 70% higher than for white girls in the same age group, in 2011." And, according to the 2012 Healthy Youth Survey results that were administered in Ilwaco middle and high school:

- 23.3% of 10th graders reported having "long-term emotional problems or learning disabilities lasting or expected to last 6 months or more" (compared to 12.7% statewide).
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- 13.8% of 10th graders reported having "injuries such as bruises, cuts, black eyes, or broken bones as a result of being hurt by a boyfriend or girlfriend" (compared to 7.3% statewide).

- 3. Project Timeline & Organization:** Please provide an outline and schedule for implementing and organizing this project.

- a. The program will be held twice a year, once in the winter and once in the spring.
- b. Each program will last approximately eight weeks, with one session occurring once a week.

c. The facilitator will be allowed 1/2 hour of preparation and set-up time, and each session will be 1.5 hours.

4. **Project Target:** Who is the project's intended targeted audience? How many people will be involved in the project?

The major intended audiences for the implementation of this program are local girls between the ages of 9 and 18. Each program will allow for the participation of 5 to 10 girls, allowing for an intimate setting for sharing and more tailored discussion. The facilitator will run each program and will be supported by AmeriCorps members that are already serving at the Boys & Girls Club.

5. **Goals & Objectives:** What are the goals and expected outcomes of the project and how will they be measured?

- a. The goals and objectives will be to help, as described above, increase self-efficacy, decrease self-harming behavior, decrease the rate of alcohol use, increase attachment to school, increase positive body image and increase social support.
- b. These will be measured through evaluations as determined by the facilitators and through comparison surveys, one given at the beginning of each program asking about the girls' current consideration of the aforementioned topics and through the use of an end-of-program survey asking their opinions of how they feel after the program has come to an end.

6. You will be expected to give an oral presentation or written account of your project. Who will take responsibility for reporting back to the network?

- a. Reports can be made after each facilitation of the program (which would require reporting twice a year), or the overall supervisor (Allie Friese) for the implementation of the program would be able to collect the reports as made by the facilitators, and surveys as gathered by the facilitators for one end-of-year report.

BUDGET

Item Description & Justification	Quantity	Rate	Cost
Staff	1	\$34/hr	\$1,088/year
Materials	2	\$250/session	\$500/year

Total Amount Requested: \$1,588

*If we can't provide the full funding, what is the minimum dollar amount you would need from us in order to still run your project//program?

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Phone Number: (360) 642-8668 Email: alliebgc@gmail.com

Name and Qualifications of person who will provide the services:

Professional Counselor TBD

Name and Qualifications of the person who will be administering the funding:

Allie Friese, Program Coordinator for the Boys & Girls Club of the Long Beach Peninsula

Project Summary

Project Title	Boys Council Administration on the Long Beach Peninsula for 2014-15
Agency	Boys & Girls Club of the Long Beach Peninsula
Project Summary (Limit responses to one paragraph)	We will hire a professional counselor to run Boys Council for the 2014-15 school year. Boys Council improves the lives of boys ages 9 to 18 by teaching supporting positive emotional development and teaching healthy coping techniques to boys who may have dealt with, or are still dealing with traumatic, mentally disabling family or living situations. The program is in line with to substance abuse prevention or intervention strategies, and promotes mental health.
Amount Requested	\$1588

- 1. Purpose and Project Description.** In detail, describe your proposed project from planning stages, implementation, to evaluation. Mention any other agencies or volunteer groups who will be partnering or supporting your effort.

The purpose of implementing the Boys Council program on the peninsula is to help reduce the statistics as outlined in the "Needs Statement" below, in South Pacific County. By engaging local boys through this program and through the utilization of a trained counselor, participant's lives will be changed for the better. The program will be held at the Boys & Girls Club of the Long Beach Peninsula and will last approximately eight weeks (each session). This program will provide a safe space for boys to engage in conversation and creative outlets to help express themselves and alleviate any tension they may experience in home and/or school.

We will hire one facilitator to run these sessions twice a year. Through Pacific County we have a facilitator guide and three Boys Council program guides. At least one of the three AmeriCorps volunteers that are placed at the Boys & Girls Club will assist in the implementation and facilitation of this program, in whatever context they are needed by the hired facilitator.

Evaluations for each participant will be made through pre- and post-surveys, which will detail the participants self-esteem and emotional states, as well as what needs may have been met and what could be further changed to improve the program and livelihoods of young girls on the peninsula.

- 2. Needs Statement:** Describe why your project is needed and show how it supports people with developmental disabilities or promotes mental health in Pacific County.

The Circle One website describes the utility of the program: **"The Council is a strengths-based group approach to promote boys' and young men's safe and healthy passage through pre-teen and adolescent years.** The Council meets a core developmental need in boys for strong, positive relationships. In this structured environment, boys and young men gain the vital opportunity to address masculine definitions and behaviors and build their capacities to find their innate value and create good lives - individually and collectively!"

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- 3. Project Timeline & Organization:** Please provide an outline and schedule for implementing and organizing this project.

- a. The program will be held twice a year, once in the winter and once in the spring.
- b. Each program will last approximately eight weeks, with one session occurring once a week.

c. The facilitator will be allowed 1/2 hour of preparation and set-up time, and each session will 1.5 hours.

4. **Project Target:** Who is the project's intended targeted audience? How many people will be involved in the project?

The major intended audiences for the implementation of this program are local boys between the ages of 9 and 18. Each program will allow for the participation of 5 to 10 boys, allowing for an intimate setting for sharing and more tailored discussion. The facilitator will run each program and will be supported by AmeriCorps members that are already serving at the Boys & Girls Club.

5. **Goals & Objectives:** What are the goals and expected outcomes of the project and how will they be measured?

- a. The goals and objectives will be to help, as described above, increase self-efficacy, decrease self-harming behavior, decrease the rate of alcohol use, increase attachment to school, increase positive body image and increase social support.
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6. You will be expected to give an oral presentation or written account of your project. Who will take responsibility for reporting back to the network?

- a. Reports can be made after each facilitation of the program (which would require reporting twice a year), or the overall supervisor (Allie Friese) for the implementation of the program would be able to collect the reports as made by the facilitators, and surveys as gathered by the facilitators for one end-of-year report.

BUDGET

Item Description & Justification	Quantity	Rate	Cost
Staff	1	\$34/hr	\$1088/year
Materials	2	\$250/session	\$500/year

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Project Summary

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Agency	Boys & Girls Club of the Long Beach Peninsula
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Amount Requested	\$1,588

- 1. Purpose and Project Description.** In detail, describe your proposed project from planning stages, implementation, to evaluation. Mention any other agencies or volunteer groups who will be partnering or supporting your effort.

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BUDGET

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Staff	1	\$34/hr	\$1,088/year
Materials	2	\$250/session	\$500/year

Total Amount Requested: \$1,588

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