

Example Applicant Answer Sheet for OD2A-S Tribal RFA



DOH 971-071

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Applicant Information

Entity Legal Name	
Is your organization a federally recognized tribe, tribal organization, or tribal community?	
Doing Business As (DBA)/Facility Name	
Mailing Address	
County/Region of location	
County/Regions served (if different from location)	
Phone Number	
Fax Number (if applicable)	
Authorized Signer Name	
Authorized Signer Email	
Point of Contact Name(s) (other than Signer)	
Title(s)	
Phone Number(s)	
Email address(es)	
Unique Entity Identifier (UEI) if registered in sam.gov	
WA Unified Business Identifier (UBI) #	
Federal Tax #	
Statewide Vendor # (SWV)	

One-Time Enhancement

1. Answer to Question 1
2. Answer to Question 2

Naloxone Purchase

1. Answer to Question 1
2. Answer to Question 2

Narrative Questions

Section 1: Data to Action Framework

1. Answer to Question 1
2. Answer to Question 2

Section 2: Partnerships

1. Answer to Question 1
2. Answer to Question 2

Section 3: Health Equity

1. Answer to Question 1
2. Answer to Question 2
3. Answer to Question 3
4. Answer to Question 4

Workplan Questions

**Applicant must apply for 2 Required Activities to be considered.*

Required Activity 1

1. Activity #:
2. Description of the work you will implement and milestones you will meet to achieve the activity in the tentative Year 1 budget period (March 1, 2025-August 31, 2025).
3. Population(s) of focus for this activity.
4. Community partners will be involved in activity implementation and how.
5. Desired Outcomes of your implementation:

Required Activity 2

1. Activity #:
2. Description of the work you will implement and milestones you will meet to achieve the activity in the tentative Year 1 budget period (March 1, 2025-August 31, 2025).
3. Population(s) of focus for this activity.
4. Community partners will be involved in activity implementation and how.
5. Desired Outcomes of your implementation:

**Applicant may apply for optional activities or additional Required Activities beyond the required two.*

Additional Required Activity (not scored)

1. Activity #:
2. Description of the work you will implement and milestones you will meet to achieve the activity in the tentative Year 1 budget period (March 1, 2025-August 31, 2025).
3. Population(s) of focus for this activity.
4. Community partners will be involved in activity implementation and how.
5. Desired Outcomes of your implementation

Optional Activity 1 (not scored)

1. Activity #:
2. Description of the work you will implement and milestones you will meet to achieve the activity in the tentative Year 1 budget period (March 1, 2025-August 31, 2025).

3. Population(s) of focus for this activity.
4. Community partners will be involved in activity implementation and how.
5. Desired Outcomes of your implementation: