

ATTACHMENT A - PROPOSAL FORM
RFGP S-44300-00017773
YSIPP SMALL GRANTS PROPOSAL

Legal Name of Applicant:	
Applicant's Contact Name:	
Street Address:	
City, State Zip Code:	
Telephone:	
Email address:	
Webpage (if applicable):	
Assumed business name (DBA) if applicable:	Not Applicable ☐

Provide your responses to all items below. This document and Attachment C – Proposer's Information and Certification must be signed by an authorized representative of Proposer.

Check the applicable box to certify that Proposer meets all the following Minimum Qualifications:	☐ Host organization located in Oregon; ☐ Demonstrate strong ties to diverse communities in Oregon (Examples: Board representation, leadership connections and representation, staff connections and representation, involvement on other relevant boards or with culturally specific community driven events, relevant past or current projects); ☐ A strong focus on services for diverse communities; ☐ Ability to attend in-person events throughout Oregon; ☐ A strong background in culturally specific work; and ☐ A strong understanding of how culture impacts suicide prevention, intervention and postvention.
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1. Oregon Business Registration Current registration for all private business entities is required before OHA can issue a Grant Agreement to such entities.	Proposer's Oregon Business Registry Number here: _____
2. List any subcontractors or subrecipients, if applicable:	Subcontractors: Subrecipients: Not Applicable ☐
3. Location	List all Oregon locations where Proposer proposes to provide services:
4. Total Proposed budget from Attachment E - Budget Proposal:	
5. Insurance requirements (RFGP Section 5.2.1)	If Applicant is selected for a Grant award under this RFGP, will Proposer provide certificates of Insurance in compliance with Requirements of Exhibit C – Insurance Requirements of the applicable Attachment J- Form of Grant Agreement? Yes ☐ No ☐
Applicant's authorized representative's signature:	_____ Date: Click or tap to enter a date.