

RESOLUTION NO.

A RESOLUTION AUTHORIZING THE SUBMISSION OF A GRANT APPLICATION TO THE WYOMING DEPARTMENT OF HEALTH FOR A FY 2025-2026 COMMUNITY PREVENTION GRANT PROGRAM SOLICITATION IN THE AMOUNT OF \$915,892.00, ON BEHALF OF THE GOVERNING BODY OF LARAMIE COUNTY, WYOMING.

FOR THE PURPOSE OF: REQUESTED FUNDS WILL BE USED BY THE COUNTY IN PARTNERSHIP WITH CRMC FOR COMMUNITY BASED PUBLIC HEALTH PREVENTION ACTIVITIES TO ADDRESS, USE ABUSE, AND ASSOCIATED NEGATIVE CONSEQUENCES OF TOBACCO, ALCOHOL, AND CONTROLLED SUBSTANCES, AS WELL AS TO PROVIDE SUICIDE PREVENTION SERVICES.

WITNESSETH

WHEREAS, the Governing Body of Laramie County desires to participate in the Wyoming Department of Health Prevention grant funding program by sponsoring this grant to assist in financing this project; and

WHEREAS, the Wyoming Department of Health requires that certain criteria be met, as described in the federal and state rules governing the prevention program, and to the best of our knowledge this application meets those criteria; and

WHEREAS, the Governing Body of Laramie County has been provided with preliminary cost estimates and information on the project; and

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF LARAMIE COUNTY that a grant application be submitted to the Wyoming Department of Health in the amount of \$915,892.00 for consideration of funding prevention activities in Laramie County for FY2025 and FY2026.

BE IT FURTHER RESOLVED, that Sandra Bay, or her successor in the position of Laramie County Grants Manager, is appointed as agent of the Laramie County Board of Commissioners to execute and submit applications and certifications for these funds and to receive funds and implement the programs funded under this grant.

PASSED, APPROVED AND ADOPTED THIS 21st DAY OF MAY 2024.

Chairman, Laramie County Commissioners

Date

ATTEST:

Debra Lee, Laramie County Clerk

Date

Received and Approved as to Form only By:



Mark Voss, County Attorney

5-15-24

Date

FAR



**2025-2026 Community Prevention Grant (CPG)
Point of Contact Information Form**

| | |
|--|--|
| County Name : Laramie | County Mailing Address: 309 W. 20th Street, Cheyenne, WY 82001 |
| Grant Manager | The County-level Grant Manager is responsible for Agreement oversight to include administration, tracking, reporting, and Agreement compliance. |
| Name and Title: | Sandra Bay Laramie County Grants Manager |
| Phone Number: | 307-633-4201 |
| Email: | Sandra.Bay@laramiecountywy.gov |
| Community Prevention Specialist | The County Prevention Specialist is responsible for carrying out and meeting the requirements of the Statement of Work. |
| Name: | Brittany Wardle |
| Organization: | Cheyenne Regional Medical Center |
| Phone Number: | 307-773-8260 |
| Email: | brittany.wardle@crumcwy.org |
| Reimbursement Signatory | The Reimbursement Signatory is responsible for approving reimbursement requests submitted by the County Prevention Specialist. This should be someone other than the County Prevention Specialist. |
| Name and Title: | Sandra Bay, Laramie County Grants Manager |
| Phone Number: | 307-633-4201 |
| Email: | Sandra.bay@laramiecountywy.gov |

By signing this form, I attest that these individuals will serve as the main point of contact for the Community Prevention Grant Award Agreement. I authorize the Reimbursement Signatory to sign reimbursement requests certifying that, to the best of their ability, all expenses are for the purpose of the grant, allowable, have been paid for and supporting documentation retained.

Signature _____ **Date** _____

Printed Name _____ **Title** _____

This form must be signed by the County Commissioner responsible for signing the 2025-2026 Community Prevention Grant Award Agreement.

Laramie County Abstract

Laramie County is the most populous county in Wyoming with an estimated population of 100,984 residents, and is home to the state capitol, Cheyenne. The county is located in the southeast corner of Wyoming and borders Colorado and Nebraska. The racial and ethnic composition of Laramie County's population in 2023 was estimated by the Census Bureau to be 91.4% White, 2.5% Black, 1.4% Asian, 1.3% American Indian/Alaska Native, and 0.1% Native Hawaiian/Other Pacific Islander. Persons of Hispanic ethnicity (any race) comprised 15.8% of the county's population. The median income of the county (\$76,282) is higher than the rate in the United States; however, 10.2% of residents live below the federal poverty line. Based on the Robert Wood Johnson Foundation County Health Rankings, Laramie County is faring about the same as the average county in Wyoming for Health Outcomes. Part of this ranking is a result of Laramie County's high rates of suicide (30.6 per 100,000), teen births (22 per 1,000), excessive drinking (16%), alcohol-impaired driving deaths (36%), and smoking (15%) among other outcomes. Laramie County is a politically conservative area, much like most of Wyoming. Though the high rates of suicide suggest some level of norm for those who struggle with behavioral health, the rates also elicit immense concern and focus as a priority among the community. Substance use has also been normalized, particularly for alcohol and tobacco, and is prevalent throughout the county. There is high demand for tangible steps toward change including improved prevention training and collaboration between community partners.

1. Who was involved in developing this application and prevention plan?

Cheyenne Regional Health System
Laramie County Grants Office
Cheyenne Laramie County Health Department
Laramie County Commissioners
Laramie County Community Partnership
Behavioral Health Action Team
Boys and Girls Club of Cheyenne
Big Brothers Big Sisters
Laramie County School District #1
Laramie County, Coroner's Office
Office of Youth Alternatives
VOA

2. What are the key prevention needs in the county and how were the prevention needs in the county identified and prioritized?

The prevention needs in the county were identified and prioritized through our Community Health Needs Assessment and Community Health Improvement Plan process led by the Laramie County Community Partnership. Through the voting process, three priorities were selected and

subcategorized. The three priorities selected through quantitative and qualitative data collection were neighborhood and physical environment, healthcare system, and economic stability. Within each of these three priority areas, two goals were identified. The Behavioral Health Action Team continues to be involved throughout the CHNA and CHIP process, ensuring we have a collaborative workplan for prevention in Laramie County.

3. How will the proposed plan address identified needs?

Our proposed plan will address the identified needs through our selected evidence-based strategies and collaborative partnerships. The LCCP used the best available data, resources, and capacity to determine how to best address the prevention needs within our county. We believe that our extensive partnerships will facilitate the success of our work plan.

4. What key populations have you identified for targeted interventions?

Service members, Veterans, and their families, youth, and economically disadvantaged individuals and families.

5. How did you identify the key population(s)?

We identified by the key populations by examining our local and state data related to risk and protective factors, as well as substance use and mental health.

Budget Request Instructions

- 1 Request the full amount of funding allocated to your county. Funds can be relinquished at any time if county does not plan to spend all the funds allocated.
 - 2 On Tab 2, request funding for personnel and fringe benefits, equipment and supplies, operational supports, Website and social media/community presence, community coalitions and workforce development, and indirect costs. Section E. Implementation Services will automatically populate based on Tabs 3-9.
 - 3 Budget tables for each focus area can be found on Tabs 3 - 8. Complete logic models and strategies will automatically populate. Complete budgets for each strategy. Totals will automatically populate to Tab 1 and Tab 4.
 - 4 If you need to add additional strategies please reach out to Rachel Nuss at rachel.nuss3@wyo.gov or 307-777-6463 for assistance.
 - 5 Travel expenses should be listed with associate strategy or under community coalitions and workforce development depending on the purpose. Travel to the CPG Annual Conference should
 - 6 Website and social media/community presence expenses should be listed as line item expenses on the requested budget tab. Media campaign expenses should be listed under the appropriate strategy.
 - 7 Please review the Grant Expectations on page 6 of the application to ensure you budget for all required activities.
 - 8 Grey areas will auto populate. Contact Rachel Nuss at rachel.nuss3@wyo.gov or 307-777-6463 if you need assistance with the spreadsheet.
 - 9 An example of a completed Workplan and Budget has been provided to you on the CPG Team Site.
-
- 10 The Summary of Budget Request is found below. The percent of total Budget Requested will show in red if outside the target ranges. If outside the target range, be sure to include justification on the budget table.
 - 11 This budget should reflect the best estimate of expenses for the period of performance. WDH-PHD will collaborate with grantees to update budgets as needed throughout the grant cycle.
 - 12 The workplan summary autopopulates status, risk/protective factors, strategies, and outcomes, on the work plan summary tab and will be used to track progress throughout the grant cycle.

Summary of Budget Request

| | Year 1 Budget | Year 2 Budget | Total Requested Budget | Percent of Total Budget Requested |
|---|---------------|---------------|------------------------|-----------------------------------|
| A. Personnel and Fringe Benefits | \$ 220,015.31 | \$ 231,016.06 | \$ 451,031.37 | 49% |
| B. Equipment and Supplies | \$ 2,250.00 | \$ 3,750.00 | \$ 6,000.00 | 1% |
| C. Operational Supports | \$ 4,350.00 | \$ 4,350.00 | \$ 8,700.00 | 1% |
| D. Website and Social Media/Community Presence | \$ - | \$ - | \$ - | 0% |
| E. Community Coalitions and Workforce Development | \$ 4,350.00 | \$ 4,350.00 | \$ 8,700.00 | 1% |
| F. Community Prevention Implementation Service | \$ 203,273.37 | \$ 203,273.37 | \$ 406,546.73 | 44% |
| Underage Drinking and Youth Marijuana Community Prevention Service Implementation | \$ 40,290.75 | \$ 40,290.75 | \$ 80,581.50 | 9% |
| Adult Overconsumption Community Prevention Service Implementation | \$ 44,295.74 | \$ 44,295.74 | \$ 88,591.48 | 10% |
| Nicotine Community Prevention Service Implementation | \$ 34,831.25 | \$ 34,831.25 | \$ 69,662.50 | 8% |
| Opioids and Other Drugs Community Prevention Service Implementation | \$ 12,826.63 | \$ 12,826.63 | \$ 25,653.25 | 3% |
| Suicide Community Prevention Service Implementation | \$ 46,029.00 | \$ 46,029.00 | \$ 92,058.00 | 10% |
| Prevention Strategies with Shared Risk and Protective Factors (ATODS) | \$ 25,000.00 | \$ 25,000.00 | \$ 50,000.00 | 5% |
| G. Indirect Costs (no more than 10%) | \$ 21,494.43 | \$ 22,119.47 | \$ 43,613.90 | 5% |
| Total Request | | | \$ 915,892.00 | |
| Total Award | | | \$915,892 | |
| Difference | | | \$0 | |

[Workplan Summary](#)

[Expense Tracker](#)

| | Estimated % of funding budgeted for each focus area: | Target Range | Estimated % of Time |
|--------------------------------------|--|--------------|---------------------|
| Underage Alcohol and Youth Marijuana | 23% | 20%-26% | 22% |
| Adult Overconsumption | 24% | 20%-26% | 22% |
| Opioid/Stimulant | 10% | 4% - 10% | 4% |
| Tobacco Prevention | 18% | 22%-28% | 25% |
| Suicide | 26% | 22% - 28% | 25% |

Grey areas will auto-calculate. For assistance or for spreadsheet adjustments, please contact Rachel Huss at rachel.huss2@wyo.gov or 307-777-6463. Add additional lines as needed. Some cells are locked to preserve the formulas.

| | | | | | |
|---------------|--------------|------------------|-----------|-----------------------|-----|
| Total Request | \$915,892.00 | Amount Allocated | \$915,892 | Remaining to Allocate | \$0 |
|---------------|--------------|------------------|-----------|-----------------------|-----|

County: Laramie

| Personnel | Position Title | Employee Name (if identified) | Biannual Salary Charged to the Grant | Fringe Benefits Charged to the Grant | Level of Effort | Year Requested | Year 1 Budget | Year 2 Budget | Line Total |
|---------------------------------------|----------------|-------------------------------|--------------------------------------|--------------------------------------|-----------------|----------------|---------------------|---------------------|---------------------|
| Community Prevention Project Director | | Brittany Wade | \$67,348.64 | \$20,832.17 | 0.75 | Year 1 | \$108,178.81 | \$0.00 | \$108,178.81 |
| Community Health Project Manager | | Shelley Stewart | \$38,307.92 | \$8,696.44 | 0.5 | Year 1 | \$44,904.36 | \$0.00 | \$44,904.36 |
| Community Prevention Project Director | | Ashley Vaughn | \$53,092.25 | \$15,877.11 | 0.5 | Year 1 | \$69,969.36 | \$0.00 | \$69,969.36 |
| Community Prevention Project Director | | Brittany Wade | \$91,713.90 | \$21,873.78 | 0.75 | Year 2 | \$0.00 | \$113,587.73 | \$113,587.73 |
| Community Health Project Manager | | Shelley Stewart | \$38,123.31 | \$8,593.41 | 0.5 | Year 2 | \$0.00 | \$47,716.72 | \$47,716.72 |
| Community Prevention Project Director | | Ashley Vaughn | \$56,691.65 | \$15,520.98 | 0.5 | Year 2 | \$0.00 | \$70,212.63 | \$70,212.63 |
| TOTAL | | | | | | | \$228,018.91 | \$331,818.06 | \$461,831.97 |

a) Personnel: Provide title(s) (and employee name(s) if identified, if not identified, use TBC), salary, and benefits for each position whose salary (in whole or in part) will be used to completion of deliverables. Fringe benefits shall include all benefits an employee may receive such as FICA, Workers Compensation, and all insurances. Under level of effort, indicate whether the position will be full-time (FT) or part-time (PT). If requesting more than one (1) full-time employee (FTE), provide justification for additional staffing.

BUDGET JUSTIFICATION: In the box below, describe the need and include an adequate justification of how each cost was estimated. Break down cost per person where appropriate.
 Project Director: 0.75 FTE & \$0.50 FTE. Under the direction of the Community Health Director, responsible for managing all implementation, research and development of strategies to address community substance abuse and suicide prevention services for Laramie County, Wyoming.
 Community Health Project Manager: 50 FTE for assisting the Project Director with projects, operational activities, fiscal and administrative duties associated with LCCP, BHAT, and the other population grants, to include scheduling, meeting agendas, minutes, tracking, budget tracking, and contract management related to prevention services for Laramie County, Wyoming. Also, responsible for managing projects. Year 1 & 2 budgets are different because Cheyenne Regional Medical Center looks at providing pay increases to employees each year. Benefits breakdown: Retirement 4% FICA 7.65% Insurance 6% Social Security 6.20% Total 23.85%.

| Equipment and Supplies | Item Name (Can be general, i.e. office supplies or computer) | Cost per Item | # of Items/Months | Year Requested | Year 1 Budget | Year 2 Budget | Line Total |
|---------------------------------|--|---------------|-------------------|----------------|-------------------|-------------------|-------------------|
| General Office Supplies | | \$750.00 | 1 | Years 1 & 2 | \$750.00 | \$750.00 | \$1,500.00 |
| Printing/Marketing/Social Media | | \$1,500.00 | 1 | Years 1 & 2 | \$1,500.00 | \$1,500.00 | \$3,000.00 |
| Laptop | | \$1,500.00 | 1 | Year 2 | \$0.00 | \$1,500.00 | \$1,500.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| TOTAL | | | | | \$2,250.00 | \$3,750.00 | \$6,000.00 |

b) Equipment and Supplies: Provide item name (can be general such as computer or office supplies), the cost per item, number of items or months, and the total funding request. Provide a justification of need for the grant.
 i) Equipment is considered an article of tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit (federal definition). Also include any equipment rentals, annual costs, and percentages to be applied. Within the justification, describe the need and include an adequate justification of how each cost was estimated.
 ii) Supplies are considered materials costing less than \$5,000 per unit and often having one-time use.

BUDGET JUSTIFICATION: In the box below, describe the need and include an adequate justification of how each cost was estimated. Break down cost per person where appropriate.
 Standard office supplies are requested to carry out and implement project work. These supplies will be for the staff specifically working on this project. Printing for brochures and other educational supplies is estimated at \$0.56 per prototype. Printing and Marketing used as needed to advance community based initiatives (e.g. flyers, brochures, posters, paid media).

| Operational Supports | Item Name (Can be general, i.e. office space, internet, phone, subscriptions) | Cost per Item | # of Items | Year | Year 1 Budget | Year 2 Budget | Line Total |
|----------------------|---|---------------|------------|------|---------------|---------------|---------------|
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| TOTAL | | | | | \$0.00 | \$0.00 | \$0.00 |

c) Operational Supports: Provide item name (can be general such as phone or internet), the cost per item, number of items or months, and the total funding request. Provide a justification of need for the grant.
 i) Operational supports are considered expenses incurred for supporting personnel or deliverables that are not material in nature but are necessary for general operations, such as internet, office space, phone, etc.

BUDGET JUSTIFICATION: In the box below, describe the need and include an adequate justification of how each cost was estimated. Break down cost per person where appropriate.

| Website and Social Media/Community Presence | Item Name (Can be general, i.e. website, media support) | Cost per Item | # of Items | Year | Year 1 Budget | Year 2 Budget | Line Total |
|---|---|---------------|------------|------|---------------|---------------|---------------|
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| TOTAL | | | | | \$0.00 | \$0.00 | \$0.00 |
| Percent of total budget | | | | | \$0.00 | \$0.00 | 0.00% |

d) Website and Social Media/Community Presence: Website development and associated fees, social media or community support and advertisements intended to establish the community prevention program as a community resource or expert. Healthfairs and information booths. This category should be no more than 10% of the total budget. Please see Social Media Toolkit and Shareables Resource page on the Team Site.

BUDGET JUSTIFICATION: In the box below, describe the need and include an adequate justification of how each cost was estimated. Break down cost per person where appropriate.

| Community Coalitions and Workforce Development | Item Name (Can be general, i.e. coalition meeting support such as food and supplies) | Cost per Item | # of Items/Months | Year Requested | Year 1 Budget | Year 2 Budget | Line Total |
|--|--|---------------|-------------------|----------------|-------------------|-------------------|-------------------|
| Annual CPQ Fall Summit in Casper | | \$1,000.00 | 1 | Years 1 & 2 | \$1,000.00 | \$1,000.00 | \$2,000.00 |
| Capacity Enhancement for Coalition and CPQ | | \$1,350.00 | 1 | Years 1 & 2 | \$1,350.00 | \$1,350.00 | \$2,700.00 |
| Travel to visit community partners | | \$2,000.00 | 1 | Years 1 & 2 | \$2,000.00 | \$2,000.00 | \$4,000.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | \$0.00 | \$0.00 | \$0.00 |
| TOTAL | | | | | \$4,350.00 | \$4,350.00 | \$8,700.00 |

e) Community Coalitions and Workforce Development: Community Coalition meeting expenses to include food, meeting space, travel, and recruitment. Workforce development expenses to include training and conferences.

BUDGET JUSTIFICATION: In the box below, describe the need and include an adequate justification of how each cost was estimated. Break down cost per person where appropriate.
 Money has been set aside for the Annual CPQ Fall Summit in Casper for both year 1 and 2. The Capacity Enhancement line item is money set aside for upcoming trainings or conferences for CPQ and coalition members. Once the training or conference is chosen we will ask for approval. Funding labeled "Travel to visit community partners" is set aside to pay for travel across the county, and other trainings or meetings. Lunch for the Suicide Fatality Reviews quarterly meetings. The meetings are 3-4 hours long and sometimes go through lunch and there are anywhere from 30 - 40 community partners.

| Community Prevention Service Implementation | Focus Area Summary | Year 1 Budget | Year 2 Budget | Line Total |
|---|--------------------|---------------------|---------------------|---------------------|
| Underage Drinking and Youth Marijuana Community Prevention Service Implementation. Amount will populate from request on Tab 3 - Underage Drinking and Youth Marijuana | | \$40,290.75 | \$40,290.75 | \$80,581.50 |
| Adult Overconsumption Community Prevention Service Implementation. Amount will populate from request on Tab 4 - Adult Overconsumption | | \$44,295.74 | \$44,295.74 | \$88,591.48 |
| Nicotine Community Prevention Service Implementation. Amount will populate from request on Tab 6 - Tobacco | | \$34,831.25 | \$34,831.25 | \$69,662.50 |
| Opoids and Other Drugs Community Prevention Service Implementation. Amount will populate from request on Tab 7 - Opoids and Other Drugs | | \$12,828.63 | \$12,828.63 | \$25,657.26 |
| Suicide Community Prevention Service Implementation. Amount will populate from request on Tab 8 - Suicide | | \$46,120.00 | \$46,120.00 | \$92,240.00 |
| Shared Risk and Protective Factors Strategies. Amount will populate from request on Tab 9 - All Focus Areas | | \$25,000.00 | \$25,000.00 | \$50,000.00 |
| TOTAL | | \$205,376.37 | \$205,376.37 | \$410,752.74 |
| Total Direct Services Request | | \$429,888.67 | \$442,389.43 | \$872,278.10 |

f) Prevention Service Implementation Allocation of Funding: Allocation of funding for implementation of the strategies within the work plan. Budget breakdown and justification for the funding allocation should be completed on line 5.B. On line 10 - examples, a mock strategy budget is shown as an example.

G. Indirect Costs:

| | | | | | |
|---|----|-------------|-------------|-------------|--|
| Percentage Requested between 0% and 10% | 0% | \$21,054.00 | \$32,119.47 | \$43,813.99 | f) Indirect Costs. Shall be paid at a maximum of 10% of directly incurred expenditures. If Contractor requests an indirect indirect amount on items that are shared amongst multiple County functions or Programs and contribute to the county's cost of administering the Grant. Examples include general office equipment such as copiers and fax machines; personnel such as fiscal, human resources, or administrative services; general facilities, maintenance, or other costs not associated directly with the Grant. |
| Total Community Prevention Grant Program Request \$915,892.00 | | | | | |

Underage Drinking and Youth Marijuana Logic Model

| Problem: | Underage Drinking and Youth Marijuana | | | | | | Long-term Outcome |
|----------|--|---|--|---|---|--|-------------------|
| | Risk/Protective Factors | Data Indicator <small>(Data related to the risk/protective factor)</small> | Strategy | Process Measures/Outputs <small>(Measures of activities from Strategy, often what will go into PRES)</small> | Short-Term Outcomes <small>(Changes as a direct result of the strategy to the data indicator)</small> | | |
| 1 | Community laws and normal favorable to substance use | PNA Adults Drunk at Community Events (65% of high schoolers reported yes) | Responsible beverage services training | Number of people trained | Number of TIPS training events, number of people trained, and decreased percentage of LCSD #1 high schoolers reporting seeing drunk adults at community events. | Reduce the percent of high school students reporting alcohol use in the past 30 days, PNA Reduce the percent of high school students reporting marijuana use in the past 30 days, PNA | |
| 2 | Early initiation of substance use | PNA Age at First Use Alcohol (11.8% under 10) and Marijuana (1.4% under 10) | Evidence-based Mentoring Program (i.e. Big Brothers Big Sisters) - Selective | Number matched with a mentor, number of graduates, number of enrollments | Increased age at first use for alcohol/marijuana for students in Laramie County | | |
| 3 | Self efficacy | PNA Age at First Use Alcohol (11.8% under 10) and Marijuana (1.4% under 10) | SMART Moves (Boys and Girls Club) | Number of program participants | Increased age at first use for alcohol/marijuana for students in Laramie County | | |
| 4 | Peer substance use | PNA Age at First Use Alcohol (11.8% under 10) and Marijuana (1.4% under 10) | Social Norming Campaign focusing on peer norms related to substance misuse | Media report from contractor | Increased knowledge and include a call to action related to substance use prevention. | | |
| 5 | Bonding | PNA percentage of youth who talked with parents on Dangers of Drugs (52% reported No) | Reconnecting Youth | Number of families educated | Increased percentage of youth talking to parents about the dangers of substances. | | |

Underage Drinking and Youth Marijuana Workplan and Budget

Add additional strategies by copying and pasting as needed. Some cells are locked to preserve the formulas, work with your region lead if you need assistance.

| | Year 1 | Year 2 | Total |
|---------------------------------|--------------------|--------------------|--------------------|
| Total Amount Allocated : | \$40,290.75 | \$40,290.75 | \$80,581.50 |

Strategy 1: Responsible beverage services training Status: Approved - Not Started Notes

Target Population Level (IOM): Universal Indirect Population of Focus: Other

Description: Responsible Beverage Service Training

Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)?

The CHNA identified opportunities to prevent underage alcohol consumption. Responsible beverage training is a key component of preventing underage alcohol consumption and impacting the percentage of Laramie County high schoolers that report seeing adults drunk at community events. By spending time training our community volunteers, we are able to limit overserving adults at events with alcohol in Laramie County. Responsible beverage service training is mandated within Cheyenne.

Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome

Number of TIPS training events, number of people trained, and number of compliance checks completed. These efforts will minimize retail and on-premise alcohol sales to youth, as well as social

Budget for Underage Drinking and Youth Marijuana Strategy 1: Responsible beverage services training

| Purchases - Items - Contractor | Cost per Item | # of Items/months | Year Requested | Year 1 Budget | Year 2 Budget | Line Total |
|-----------------------------------|---------------|-------------------|----------------|-------------------|-------------------|-------------------|
| TIPS Recertification - BW, AV, SS | \$37.50 | 3 | Years 1 & 2 | \$112.50 | \$112.50 | \$225.00 |
| TIPS Books | \$1,400.00 | 1 | Years 1 & 2 | \$1,400.00 | \$1,400.00 | \$2,800.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| TOTAL | | | | \$1,512.50 | \$1,512.50 | \$3,025.00 |

BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate.

The budget includes funding for recertification for the trainers of TIPS. Then the purchase of TIPS books to provide training in Laramie County.

Strategy 2: Evidence-based Mentoring Program (i.e. Big Brothers Big Sisters) - Selective Status: Approved - Not Started Notes

Target Population Level (IOM): Selective Population of Focus: Economically disadvantaged At-risk youth

Description: Big Brothers Big Sisters

Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)?

The Behavioral Health Action Team supports strategies that help youth in the community by enhancing protective factors and reducing risk factors. GWBBBS provides prevention programming for youth at-risk for using ATODs, as well as those exhibiting depressive symptoms or having life experiences that put them at risk for substance use or misuse. Activities include mentoring, case management, and engagement activities, with anticipated increases in positive youth outcomes. As demonstrated by the Prevention Needs Assessment data from LCSD #1 in 2022, Laramie County youth are engaging in behaviors that put them at risk. GWBBBS implements programming to ensure positive outcomes for youth, including increased school connectedness, increased family connectedness, decreased risky behaviors, decreased depressive symptoms, or increased protective behaviors. In a national study of the effectiveness of BBBS, youth are 46% less likely to initiate drug use, 27% less likely to initiate alcohol use, and 33% less likely to hit someone. This programming will impact multiple objectives related to our prevention efforts. Big Brothers Big Sisters served 70 youth in Laramie County and 61% of the youth were newly enrolled.

Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome

Track Number matched with a mentor, number of graduates, number of enrollments to see expected Increased age at first use for alcohol/marijuana for students in Laramie County

| Budget for Underage Drinking and Youth Marijuana Strategy 2: Evidence-based Mentoring Program (i.e. Big Brothers Big Sisters) - Selective | | | | | | |
|---|---------------|-------------------|----------------|-------------------|-------------------|--------------------|
| Purchases - Items - Contractor | Cost per Item | # of Items/months | Year Requested | Year 1 Budget | Year 2 Budget | Line Total |
| Big Brother Big Sisters - Seed Grants | \$7,425.00 | 1 | Years 1 & 2 | \$7,425.00 | \$7,425.00 | \$14,850.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| TOTAL | | | | \$7,425.00 | \$7,425.00 | \$14,850.00 |

BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate.

Strategy 3: SMART Moves (Boys and Girls Club) Status: Approved - Not Started Notes

Target Population Level (IOM): Universal Direct **Population of Focus:** No Risk Assigned

Description: Boys and Girls Club Program

Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)?

The Boys & Girls Club of Cheyenne serves nearly 800 kids ages 6-18 and provides support in the areas of: Academic Success, Character and Citizenship, and Healthy Lifestyles. The Club operates out of five locations: the main West Jefferson Clubhouse, the Club at LCCC teen site, Cole Elementary (Cole and Hebard Elementary Schools), and recently added Burns and Pine Bluff sites. The Club will focus on several programs to achieve reductions in behaviors that put youth at risk. Programming supported will include SMART Moves, SMART Girls, and Passport to Manhood. The development of healthy and adaptive social-emotional skills during childhood are more likely to make positive decisions regarding alcohol, substance use, and criminal activity.

Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome

Track Number of program participants to see expected Increased age at first use for alcohol/marijuana for students in Laramie County

| Budget for Underage Drinking and Youth Marijuana Strategy 3: SMART Moves (Boys and Girls Club) | | | | | | |
|--|---------------|-------------------|----------------|-------------------|-------------------|--------------------|
| Purchases - Items - Contractor | Cost per Item | # of Items/months | Year Requested | Year 1 Budget | Year 2 Budget | Line Total |
| Boys and Girls Club - Seed Grant | \$7,103.25 | 1 | Years 1 & 2 | \$7,103.25 | \$7,103.25 | \$14,206.50 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| TOTAL | | | | \$7,103.25 | \$7,103.25 | \$14,206.50 |

BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate.

Strategy 4: Social Norming Campaign focusing on peer norms related to substance misuse Status: Media Plan Requested Notes

Target Population Level (IOM): Universal Direct **Population of Focus:** Other

Description: Media Campaign

Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)?

The LCCP will work with a contractor to identify priorities, populations of interest, and topics to address throughout the grant period. The media campaign will support other ongoing prevention efforts within the community. Media forms will be submitted to WDH once action teams have determined a path forward.

Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome

Adult Overconsumption Logic Model

| Problem: | Adult Overconsumption | | | | | |
|-------------------------|--|---|--|---|--|---|
| Risk/Protective Factors | Data Indicator | Strategy | Process Measures/Outputs | Short-Term Outcomes | Long-term Outcome | |
| | (Data related to the risk/protective factor) | | (Measures of activities from Strategy, often what will go into PRES) | (Changes as a direct result of the strategy to the data indicator) | (Changes as a direct result of the strategy) | |
| 1 | High availability of substances High retail access | WASCOP Alcohol and Crime, Location of Consumption for DUIs (32% at a bar in Laramie County) | Responsible Beverage Service Training | Number of people trained | Number of TIPS training events, number of people trained, and decrease % of DUIs sourced from bars | Reduce the percent of Wyoming adults reporting consuming 5 or more drinks (4 or more for females) on an occasion at least once in the last 30 days, BRFSS |
| 2 | Community norms favorable towards use | PNA Adults Drunk at Community Events (65% of high schoolers reported yes) | Social Norms Campaign | Media report from the contractor. | Increased knowledge and include a call to action related to substance use prevention. | |
| 3 | Social risk factors such as financial stress bereavement unexpected or forced retirement | BRFSS Unable to Get Needed Care (11.9%) | Information dissemination about the local resources available to address social risk factors | Number of individuals/families receiving information related to alcohol use | Decrease percentage of adults unable to get needed care due to cost in Laramie County | |
| 4 | | | | | | |
| 5 | | | | | | |

Adult Overconsumption Workplan and Budget

Add additional strategies by copying and pasting as needed. Some cells are locked to preserve the formulas, work with your region lead if you need assistance.

| | Year 1 | Year 2 | Total |
|---------------------------------|--------------------|--------------------|--------------------|
| Total Amount Allocated : | \$44,295.74 | \$44,295.74 | \$88,591.48 |

| Strategy 1: Responsible Beverage Service Training | Status | Notes |
|---|--------|-------|
|---|--------|-------|

| | | |
|--|--------------------|----------------------------|
| Target Population Level (IOM): | Universal Indirect | Population of Focus: Other |
| Description: Responsible Beverage Service Training | | |
| Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)? | | |
| The CHNA identified opportunities to prevent underage alcohol consumption. Responsible beverage training is a key component of preventing underage alcohol consumption and impacting retailer availability to minors. Responsible beverage service training is mandated within Cheyenne. | | |
| Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome | | |
| Number of TIPS training events and number of people trained. These efforts will contribute to a decrease in binge drinking as measured by BRFSS data on alcohol consumption. | | |

Budget for Adult Overconsumption Strategy 1: Responsible Beverage Service Training

| Purchases - Items - Contractor | Cost per Item | # of Items/months | Year Requested | Year 1 Budget | Year 2 Budget | Line Total |
|-----------------------------------|---------------|-------------------|----------------|-------------------|-------------------|-------------------|
| TIPS Recertification - BW, AV, SS | \$37.50 | 3 | Years 1 & 2 | \$112.50 | \$112.50 | \$225.00 |
| TIPS Books | \$1,400.00 | 1 | Years 1 & 2 | \$1,400.00 | \$1,400.00 | \$2,800.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| TOTAL | | | | \$1,512.50 | \$1,512.50 | \$3,025.00 |

BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate.

The budget includes funding for recertification for the trainers of TIPS. Then the purchase of TIPS books to provide training in Laramie County.

| Strategy 2: Social Norms Campaign | Status | Media Plan Requested | Notes |
|-----------------------------------|--------|----------------------|-------|
|-----------------------------------|--------|----------------------|-------|

| | | |
|---|------------------|----------------------------|
| Target Population Level (IOM): | Universal Direct | Population of Focus: Other |
| Description: Media Campaign | | |
| Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)? | | |

Opioids and Stimulants Logic Model

| Problem: | Opioids and Stimulants Risk/Protective Factors | Data Indicator <small>(Data related to the risk/protective factor)</small> | Strategy | Process Measures/Outputs <small>(Measures of activities from Strategy, often what will go into PRES)</small> | Short-Term Outcomes <small>(Changes as a direct result of the strategy to the data indicator)</small> | Long-term Outcome <small>(Changes as a direct result of the strategy)</small> |
|----------|---|--|---|---|--|---|
| 1 | High availability of substances | SEOW Data Profiles | Safe storage and disposal of prescriptions | Number of medications lockboxes and Deterra bags distributed | Reduced availability of substances | Reduce the rate of all drug involved overdose deaths through primary prevention efforts, WDH |
| 2 | Overdose Deaths | Local Data, Drug Overdose Data, WASCOP - Drug Overdose Report | Overdose Fatality Review | Number of Recommendations | Overdose death data and systematic change | |
| 3 | Favorable attitudes toward substance use | Illicit Drugs Consequences, PNA - Prescription Drugs - Perception of Parental Disapproval, PNA - Other Drugs - Perception of Parental Disapproval , Uniform Crime Reporting. | Information dissemination on the dangers of substance use | Number of Program Participants | Decrease the number of adolescents reporting use and misuse of prescription and illicit substances | |
| 4 | | | | | | |
| 5 | | | | | | |

Opioids and Stimulants Work Plan and Budget

Add additional strategies by copying and pasting as needed. Some cells are locked to preserve the formulas, work with your region lead if you need assistance.

| | Year 1 | Year 2 | Total |
|---------------------------------|-------------|-------------|-------------|
| Total Amount Allocated : | \$12,826.63 | \$12,826.63 | \$25,653.25 |

| Strategy 1: Safe storage and disposal of prescriptions | Status: Approved - Not Started | Notes | | | | |
|--|--------------------------------|--------------------------|-----------------------|----------------------|----------------------|--------------------|
| <p>Target Population Level (IOM): Universal Direct</p> <p>Population of Focus: No Risk Assigned</p> <p>Description: Safe storage and disposal of prescriptions</p> <p>Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)?</p> <p>The Behavioral Health Action Team (BHAT) prioritized community education and outreach for drug use prevention. Cheyenne Regional and BHAT are well positioned to implement and support these efforts in Laramie County. We want to provide education and resources to the community that will support safe storage and disposals of medications to increase safety and reduce the high availability of substances.</p> <p>Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome</p> <p>Track Number of medications lockboxes and Deterra bags distributed to see expected Reduced availability of substances</p> | | | | | | |
| Budget for Opioids and Stimulants Strategy 1: Safe storage and disposal of prescriptions | | | | | | |
| Purchases - Items - Contractor | Cost per Item | # of Items/months | Year Requested | Year 1 Budget | Year 2 Budget | Line Total |
| Drug disposal bags/jugs | \$2,500.00 | 1 | Years 1 & 2 | \$2,500.00 | \$2,500.00 | \$5,000.00 |
| Medication lock boxes | \$3,000.00 | 1 | Years 1 & 2 | \$3,000.00 | \$3,000.00 | \$6,000.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| TOTAL | | | | \$5,500.00 | \$5,500.00 | \$11,000.00 |
| BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate. | | | | | | |
| Purchase Deterra bags and medication lockboxes to distribute to partners and community members. | | | | | | |
| Strategy 2: Overdose Fatality Review Teams | Status: Approved - Not Started | Notes | | | | |
| <p>Target Population Level (IOM): Selective</p> <p>Population of Focus: Already using substances</p> <p>Description:</p> <p>Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)?</p> | | | | | | |

| Budget for Opioids and Stimulants Strategy 4: 0 | | | | | | |
|---|---------------|-------------------|----------------|---------------|---------------|------------|
| Purchases - Items - Contractor | Cost per Item | # of Items/months | Year Requested | Year 1 Budget | Year 2 Budget | Line Total |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| TOTAL | | | | \$0.00 | \$0.00 | \$0.00 |

BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate.

| Strategy 5: | 0 | Status | Notes |
|-------------|---|--------|-------|
|-------------|---|--------|-------|

| | |
|--------------------------------|----------------------|
| Target Population Level (IOM): | Population of Focus: |
|--------------------------------|----------------------|

Description:

Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)?

Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome

Track to see expected

| Budget for Opioids and Stimulants Strategy 5: 0 | | | | | | |
|---|---------------|-------------------|----------------|---------------|---------------|------------|
| Purchases - Items - Contractor | Cost per Item | # of Items/months | Year Requested | Year 1 Budget | Year 2 Budget | Line Total |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| TOTAL | | | | \$0.00 | \$0.00 | \$0.00 |

BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate.

| | | | | | | |
|--|----------------------|--------------------------|-----------------------|----------------------|----------------------|-------------------|
| Strategy 5: | Status | Notes | | | | |
| Description: | | | | | | |
| Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)? | | | | | | |
| | | | | | | |
| Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome | | | | | | |
| Track to see expected | | | | | | |
| Budget for Tobacco Strategy 5: | | | | | | |
| Purchases - Items - Contractor | Cost per Item | # of Items/months | Year Requested | Year 1 Budget | Year 2 Budget | Line Total |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | TOTAL | \$0.00 | \$0.00 | \$0.00 |
| BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate. | | | | | | |
| | | | | | | |

Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)?

Our community continues to prioritize providing suicide awareness and response education. ASIST and MHFA/YMHFA are important options to provide evidence-based training within Laramie County. These trainings support individuals, non-profits, and businesses in identifying when folks are struggling and offering support.

Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome

Track # of people trained, pre/post survey results to see expected increase in individuals aware of signs/symptoms of a suicidal crisis

Budget for Suicide Strategy 3: Gatekeeper training

| Purchases - Items - Contractor | Cost per Item | # of Items/months | Year Requested | Year 1 Budget | Year 2 Budget | Line Total |
|--------------------------------|---------------|-------------------|----------------|-------------------|-------------------|--------------------|
| VOA - Seed Grant | \$6,300.00 | 1 | Years 1 & 2 | \$6,300.00 | \$6,300.00 | \$12,600.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | TOTAL | \$6,300.00 | \$6,300.00 | \$12,600.00 |

BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate.

These funds will support four (4) MHFA/YMHFA trainings and one (1) ASIST training in Laramie County during the grant period.

Strategy 4: 0 Status Notes

Description:
Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)?

Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome

Track to see expected

Budget for Suicide Strategy 4: 0

| Purchases - Items - Contractor | Cost per Item | # of Items/months | Year Requested | Year 1 Budget | Year 2 Budget | Line Total |
|--------------------------------|---------------|-------------------|----------------|---------------|---------------|---------------|
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | TOTAL | \$0.00 | \$0.00 | \$0.00 |

BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate.

Strategy 5: 0 Status Notes

Description:
Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)?

Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome

Track to see expected

Budget for Suicide Strategy 5: 0

| Purchases - Items - Contractor | Cost per Item | # of Items/months | Year Requested | Year 1 Budget | Year 2 Budget | Line Total |
|--------------------------------|---------------|-------------------|----------------|---------------|---------------|---------------|
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | TOTAL | \$0.00 | \$0.00 | \$0.00 |

BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate.

Shared Risk and Protective Factors Logic Model

| Problem: Shared Risk and Protective Factors Risk/Protective Factors | Data Indicator <small>(Data related to the risk/protective factor)</small> | Strategy | Process Measures/Outputs <small>(Measures of activities from Strategy, often what will go into PICS)</small> | Short-Term Outcomes <small>(Changes as a direct result of the strategy to the data indicator)</small> | Long-term Outcome <small>(Changes as a direct result of the strategy)</small> |
|---|---|---------------------|---|--|---|
| 1 2 3 4 5 | Resiliency PNA - Feel Depressed | Sources of Strength | Fidelity Checklists from each site | Decrease in percentage of students reporting feeling so depressed that nothing could cheer them up during the last 30 days | Strengthen protective factors and reduce risk factors that impact substance use and mental health outcomes |

Shared Risk and Protective Factors Work Plan and Budget

Add additional strategies by copying and pasting as needed. Some cells are locked to preserve the formulas, work with your region lead if you need assistance.

| | Year 1 | Year 2 | Total |
|---------------------------------|-------------|-------------|-------------|
| Total Amount Allocated : | \$25,000.00 | \$25,000.00 | \$50,000.00 |

| Strategy 1: Sources of Strength | | | Status: Approved - Not Started | Notes | | |
|---|---------------|---------------------|--|---------------|---------------|-------------|
| Target Population Level (IOM): | | Universal Direct | Population of Focus: Other | | | |
| Description: | | Sources of Strength | | | | |
| Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)? | | | | | | |
| <small>Laramie County School District 1 has upper administration support, local building support, and a proven record of engaging youth in prevention efforts as leaders through other District approved programs such as Safe School Ambassadors and the Obovess Bullying Prevention Program. Sources of Strength will continue to be implemented across 36 schools touching over 15,000 students within sCSD#1. LCSD #1 selected Sources of Strength based on it's success within Wyoming and concern regarding substance use and suicide deaths within the community. Sources of Strength training improves the Peer Leaders' adaptive norms regarding suicide, their connectedness to adults, and their school engagement, with the largest gains for those entering with the least adaptive norms. Trained Peer Leaders in larger schools <u>more</u> 4 times as likely as non-trained Peer Leaders to refer a suicidal friend to an adult. Among students, the intervention increased perceptions of adult support for suicidal thoughts and the acceptability of seeking help. Perceptions of adult support increased most in students</small> | | | | | | |
| Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome | | | | | | |
| <small>Track Fidelity Checklists from each site to see expected Decrease in percentage of students reporting feeling so depressed that nothing could cheer them up during the last 30 days</small> | | | | | | |
| Budget for Shared Risk and Protective Factors Strategy 1: Sources of Strength | | | | | | |
| Purchases - Items - Contractor | Cost per Item | # of Items/months | Year Requested | Year 1 Budget | Year 2 Budget | Line Total |
| LCSD #1 - Seed Grant | \$25,000.00 | 1 | Years 1 & 2 | \$25,000.00 | \$25,000.00 | \$50,000.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| TOTAL | | | | \$25,000.00 | \$25,000.00 | \$50,000.00 |
| BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate. | | | | | | |
| <small>Program operating budget to pay for continued implementation of Sources of Strength in three high schools, three junior high schools, and 30 elementary schools, including materials and training.</small> | | | | | | |

| Strategy 2: 0 | | | Status: | Notes | | |
|--|---------------|-------------------|-----------------------------|---------------|---------------|------------|
| Target Population Level (IOM): | | 0 | Population of Focus: | | | |
| Description: | | | | | | |
| Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)? | | | | | | |
| Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome | | | | | | |
| <small>Track: to see expected</small> | | | | | | |
| Budget for Shared Risk and Protective Factors Strategy 2: 0 | | | | | | |
| Purchases - Items - Contractor | Cost per Item | # of Items/months | Year Requested | Year 1 Budget | Year 2 Budget | Line Total |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | \$0.00 | \$0.00 | \$0.00 |
| TOTAL | | | | \$0.00 | \$0.00 | \$0.00 |
| BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate. | | | | | | |

| Strategy 3: | 0 | Status | | | | | Notes |
|---|---------------|----------------------|----------------|---------------|---------------|------------|-------|
| Target Population Level (IOM): | | Population of Focus: | | | | | |
| Description: Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)? | | | | | | | |
| Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome | | | | | | | |
| Track to see expected | | | | | | | |
| Budget for Shared Risk and Protective Factors Strategy 3: 0 | | | | | | | |
| Purchases - Items - Contractor | Cost per Item | # of Items/months | Year Requested | Year 1 Budget | Year 2 Budget | Line Total | |
| | | | | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | |
| TOTAL | | | | \$0.00 | \$0.00 | \$0.00 | |
| BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate. | | | | | | | |
| Strategy 4: | | | | | | | |
| Target Population Level (IOM): | | Population of Focus: | | | | | |
| Description: Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)? | | | | | | | |
| Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome | | | | | | | |
| Track to see expected | | | | | | | |
| Budget for Shared Risk and Protective Factors Strategy 4: 0 | | | | | | | |
| Purchases - Items - Contractor | Cost per Item | # of Items/months | Year Requested | Year 1 Budget | Year 2 Budget | Line Total | |
| | | | | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | |
| TOTAL | | | | \$0.00 | \$0.00 | \$0.00 | |
| BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate. | | | | | | | |
| Strategy 5: | | | | | | | |
| Target Population Level (IOM): | | Population of Focus: | | | | | |
| Description: Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)? | | | | | | | |
| Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome | | | | | | | |
| Track to see expected | | | | | | | |
| Budget for Shared Risk and Protective Factors Strategy 5: 0 | | | | | | | |
| Purchases - Items - Contractor | Cost per Item | # of Items/months | Year Requested | Year 1 Budget | Year 2 Budget | Line Total | |
| | | | | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | |
| | | | | \$0.00 | \$0.00 | \$0.00 | |
| TOTAL | | | | \$0.00 | \$0.00 | \$0.00 | |
| BUDGET JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated. Break down cost where appropriate. | | | | | | | |

**Work Plan Summary for
Laramie**

| Underage Drinki | | |
|--------------------------|--|--|
| Status | Risk/Protective Factors | Strategy |
| 1 Approved - Not Started | Community laws and normal favorable to substance use | Responsible beverage services training |
| 2 Approved - Not Started | Early initiation of substance use | Evidence-based Mentoring Program (i.e. Big Brothers Big Sisters) - Selective |
| 3 Approved - Not Started | Self efficacy | SMART Moves (Boys and Girls Club) |
| 4 Media Plan Requested | Peer substance use | Social Norming Campaign focusing on peer norms related to substance misuse |
| 5 | 0 Bonding | Reconnecting Youth |

| | | | Adult O |
|--------------------------|--|--|---------|
| Status | Risk/Protective Factors | Strategy | |
| 1 | 0 High availability of substances High retail access | Responsible Beverage Service Training | |
| 2 Media Plan Requested | Community norms favorable towards use | Social Norms Campaign | |
| 3 Approved - Not Started | forced retirement and social isolation | available to address social risk factors | |
| 4 | 0 | 0 | 0 |
| 5 | 0 | 0 | 0 |

| Status | Risk/Protective Factors | Strategy | |
|--------------------------|--|--|---|
| 1 Approved - Not Started | Favorable parental attitudes towards substance use | Information dissemination on Nicotine Harms, Access, and/or Policy | |
| 2 Approved - Not Started | | 0 | 0 |
| 3 Approved - Not Started | | Number of policymakers educated | |

| | | | Opioid |
|--------------------------|--|--|--------|
| Status | Risk/Protective Factors | Strategy | |
| 1 Approved - Not Started | High availability of substances | Safe storage and disposal of prescriptions | |
| 2 Approved - Not Started | Overdose Deaths | Overdose Fatality Review | |
| 3 Approved - Not Started | Favorable attitudes toward substance use | use | |
| 4 | 0 | 0 | 0 |
| 5 | 0 | 0 | 0 |

| Status | Risk/Protective Factors | Strategy | |
|----------------------|----------------------------------|------------------------|---|
| 1 WDH Requests Edits | healthcare | Zero Suicide Framework | |
| 2 | 0 Community Support After a Loss | LOSS Teams | |
| 3 | 0 Trained Community Gatekeepers | Gatekeeper training | |
| 4 | 0 | 0 | 0 |
| 5 | 0 | 0 | 0 |

| | | | | Shared Risk a |
|--------------------------|-------------------------|--|---------------------|---------------|
| Status | Risk/Protective Factors | | Strategy | |
| 1 Approved - Not Started | Resiliency | | Sources of Strength | |
| 2 | 0 | | 0 | 0 |
| 3 | 0 | | 0 | 0 |
| 4 | 0 | | 0 | 0 |
| 5 | 0 | | 0 | 0 |

ng and Youth Marijuana

| Process Measures/Outputs | Short-Term Outcomes | Long-term Outcome |
|---------------------------------|---|---|
| <p>Number of people trained</p> | <p>Number of TIPS training events, number of people trained, and decreased percentage of LCSD #1 high schoolers reporting seeing drunk adults at community events.</p> <p>Number matched with a mentor, number of graduates, number of 0 enrollments 0 Number of program participants</p> <p>0 Media report from contractor 0 Number of families educated</p> | <p>Reduce the percent of high school students reporting alcohol use in the past 30 days, PNA</p> <p>Reduce the percent of high school students reporting marijuana use in the past 30 days, PNA</p> |

Overconsumption

| Process Measures/Outputs | Short-Term Outcomes | Long-term Outcome |
|--|---|--|
| Number of people trained Media report from the contractor. alcohol use | number of people trained, and call to action related to substance use to get needed care due to cost in | Reduce the percent of Wyoming adults reporting consuming 5 or more drinks (4 or more for females) on an occasion at least once in the last 30 days, BRFSS |
| | 0 | 0 |
| | 0 | 0 |

Nicotine

| Process Measures/Outputs | Short-Term Outcomes | Long-term Outcome |
|----------------------------|--|--|
| Number of parents educated | increase in percentage of students reporting talking to their parents | Reduce the percent of Wyoming high school students reporting having vaped in the past 30 days, PNA |
| | 0 | 0 |
| | 0 | 0 |

and Stimulant

| Process Measures/Outputs | Short-Term Outcomes | Long-term Outcome |
|--|---|--|
| Number of medications lockboxes and Detera bags distributed Number of Recommendations Number of Program Participants | Reduced availability of substances change reporting use and misuse of | Reduce the rate of all drug involved overdose deaths through primary prevention efforts, WDH |
| | 0 | 0 |
| | 0 | 0 |

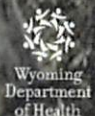
Suicide

| Process Measures/Outputs | Short-Term Outcomes | Long-term Outcome |
|--|---|-------------------------------------|
| Zero Suicide Workforce Survey and number of people trained # of people served, # of resources distributed # of people trained, pre/post survey results | behavioral health care receive LOSS support signs/symptoms of a suicidal crisis | Reduce the suicide rate, WDH |
| | 0 | 0 |
| | 0 | 0 |

nd Protective Factors

| Process Measures/Outputs | Short-Term Outcomes | Long-term Outcome |
|------------------------------------|---|---|
| Fidelity Checklists from each site | reporting feeling so depressed that 0 0 0 0 | 0 0 0 0 Strengthen protective factors and reduce risk factors that impact substance use and mental health outcomes |

**Community Prevention
Grant Program
Application
FY 25/26**



**PUBLIC HEALTH
DIVISION**



**COMMUNITY
PREVENTION UNIT**



Table of Contents

| | |
|--|----|
| Table of Contents | 1 |
| Overview | 2 |
| Eligibility | 2 |
| Purpose | 2 |
| Substance Use Prevention | 2 |
| Nicotine Prevention and Control | 3 |
| Suicide Prevention | 3 |
| Community Prevention Goals | 3 |
| Award Amounts | 4 |
| Strategic Prevention Framework Partnerships for Success (SPF PFS) | 5 |
| SPF PFS Funding Allocations | 5 |
| Expectations | 6 |
| Restricted Activities | 9 |
| Grant Application Webinar | 10 |
| Work Plan Workshops | 10 |
| Application Submission and Review | 11 |
| Application Requirements | 12 |
| A. Contact Information | 12 |
| B. Abstract | 12 |
| C. Work Plan/Budget | 13 |
| E. Certificate of Authorization | 13 |
| Certificate of Authorization | 14 |
| Certificate of Collaboration | 15 |
| Appendix A. Instructions for Completing Work Plan/Budget | 16 |
| Instructions & Summary | 16 |
| Requested Budget | 16 |
| Focus Areas | 17 |
| Complete Logic Model | 17 |
| Work Plan Budget | 18 |





Overview

The Wyoming Department of Health, Public Health Division (WDH-PHD) is accepting applications from Wyoming Counties for the Community Prevention Grant (CPG) program. The program addresses some of Wyoming's top public health prevention priorities (underage alcohol, youth marijuana use, adult overconsumption of alcohol, tobacco use, opioid/prescription drug misuse/abuse and other drugs, and suicide). These grants provide opportunities and additional resources to counties to implement data-driven and evidence-based substance abuse and suicide prevention plans that positively impact substance use and mental health. Funded applications will result in a grant award agreement (contract) with the WDH-PHD from July 1, 2024, through June 30, 2026.

WDH-PHD is expecting to fund the SFY 25/26 CPG program through Federal Funds (~53%), State General Funds (~25%), and Tobacco Settlement Funds (~22%). As final amounts of funding sources are currently unknown, minor changes to the percentages of funding sources may be updated and will be communicated with the counties. The total amount of funding available to Wyoming counties through the CPG program is \$8 million.

Eligibility

Only Wyoming County Governments are eligible to apply for this funding.

Purpose

Community engagement is an essential component of an effective and equitable prevention system. Substance use, nicotine, and suicide affects all Wyoming communities. Many factors influence a person's chance of developing a mental and/or substance use disorder. Effective prevention focuses on reducing those risk factors, and strengthening protective factors, that are most closely related to the problem being addressed ([SAMHSA](#)). Identifying shared risk and protective factors across the areas of the Community Prevention Grant work allows community partners to ground their efforts in a common framework ([Shared Risk and Protective Factors Model](#)).

Substance Use Prevention

Substance use is associated with a wide range of health and social problems. Given the impact of substance use on public health and the increased risk for long-term medical consequences, it is critical to prevent substance use from starting. Preventing or reducing early substance use initiation, substance misuse, and the harms related to misuse requires the implementation of





effective programs and policies that address substance misuse across the lifespan ([Surgeon General's Report](#)).

Nicotine Prevention and Control

Smoking is the leading preventable cause of death in the United States. In Wyoming, smoking leads to approximately 800 deaths from smoking-related illnesses each year and nearly \$258 million in annual healthcare costs ([CDC](#)). The Surgeon General declared vaping an epidemic among youth and young adults in 2018.

Suicide Prevention

Wyoming has had one of the highest suicide rates in the country, historically double the national average. The frontier landscape provides challenges for accessing quality mental health care and increases social isolation. Nearly 70% of suicide deaths involved a firearm, and the most suicide deaths occur among white middle aged males (however females typically attempt suicide at a higher rate). Populations that are disproportionately affected include American Indians, the LGBTQI+ community, service members, and veterans. To prevent suicide attempts and deaths in Wyoming, community action is needed to create a sense of belonging, destigmatize mental health struggles, reduce access to lethal means, and improve access to resources.

Community Prevention Goals

1. Reduce the percent of Wyoming high school students [reporting](#) alcohol use in the past 30 days and reduce the percent of Wyoming high school students [reporting](#) marijuana use in the past 30 days
2. Reduce the percent of Wyoming adults [reporting](#) consuming 5 or more drinks (4 or more for females) on an occasion at least once in the last 30 days
3. Reduce the [rate](#) of all drug involved overdose deaths through primary prevention efforts
4. Reduce the percent of employed adults [reporting](#) exposure to secondhand smoke at their workplace and the number of adults reporting exposure to secondhand smoke in public places, indoors and outdoors
5. Reduce the percent of adults currently using nicotine/tobacco measured by the percent of adults [reporting](#) any tobacco use and the percent of adults reporting current e-cigarette use
6. Reduce the percent of Wyoming high school students [reporting](#) having vaped in the past 30 days
7. Reduce the suicide [rate](#) in Wyoming
8. Strengthen protective factors and reduce risk factors that impact substance use and mental health outcomes



Award Amounts

Funding will be allocated to counties as shown below. Each county will receive a base amount of \$157,500. The remaining funds will be allocated based on county population using the 2022 census data. Previously, 2020 population information was used to determine funding allocations.

| County | 2025/2026 Allocation | County | 2025/2026 Allocation |
|-------------|----------------------|-------------------------|----------------------|
| Albany | \$443,854 | Natrona | \$756,855 |
| Big Horn | \$246,762 | Niobrara | \$175,420 |
| Campbell | \$511,823 | Park | \$387,285 |
| Carbon | \$266,994 | Platte | \$222,592 |
| Converse | \$261,301 | Sheridan | \$399,166 |
| Crook | \$213,580 | Sublette | \$223,481 |
| Fremont | \$454,704 | Sweetwater | \$468,807 |
| Goshen | \$252,085 | Teton | \$332,839 |
| Hot Springs | \$192,045 | Uinta | \$313,451 |
| Johnson | \$223,232 | Washakie | \$215,620 |
| Laramie | \$915,892 | Weston | \$209,152 |
| Lincoln | \$313,059 | Total Allocation | \$8,000,000 |

Applicants are encouraged to apply for funding amounts that are appropriate and reasonable for the county’s identified needs and strategies in each of the six focus areas: underage alcohol, youth marijuana use, adult overconsumption of alcohol, tobacco use, opioid/prescription drug misuse/abuse and other drugs, and suicide.

Target ranges of funding for each focus area are provided below.

- 20%-26% Underage Alcohol Use and Youth Marijuana Use
- 20%-26% Adult Overconsumption of Alcohol
- 22%-28% Tobacco Prevention
- 4%-10% Opioid/Prescription Drug Misuse/Abuse and Other Drugs
- 22%-28% Suicide Prevention



Strategic Prevention Framework Partnerships for Success (SPF PFS)

Wyoming is one of five states that receives the SPF PFS 2020 competitive grant. Wyoming’s application for funding targeted preventing youth marijuana use and underage drinking and allocated funds based on final scores of a needs assessment that ranked counties based on prevalence data and number of people affected with the following goals:

Goal 1: Increase capacity and infrastructure of Wyoming’s prevention system to support youth substance use prevention by raising the average overall capacity score from 3 to 4 by June 30, 2025.

Goal 2: Community Prevention Grantees will reduce rates of underage drinking among 12-20 year olds and meet identified short-term and intermediate outcomes and objectives as measured by a change in rates and other established criteria by June 30, 2025.

SPF PFS Funding Allocations

Counties should budget funding for the amount listed in Table 2 between underage alcohol use, youth marijuana, and capacity enhancement. It is important to note that personnel time spent working on underage alcohol use and youth marijuana use can be included as part of the budget. A budget estimate for the funds allocated to SPF PFS activities can be found on the work plan Instructions & Summary tab using an estimated 25% of personnel effort. This grant ends August 30, 2025.

| Table 2: SPF PFS Allocations by County | | | |
|--|-----------------|-------------------------|------------------|
| County | 2025 Allocation | County | 2025 Allocation |
| Albany | \$41,576 | Natrona | \$55,435 |
| Big Horn | \$23,098 | Niobrara | \$23,098 |
| Campbell | \$52,355 | Park | \$38,497 |
| Carbon | \$46,196 | Platte | \$26,178 |
| Converse | \$46,196 | Sheridan | \$49,276 |
| Crook | \$15,399 | Sublette | \$15,399 |
| Fremont | \$44,656 | Sweetwater | \$53,895 |
| Goshen | \$35,417 | Teton | \$46,196 |
| Hot Springs | \$27,718 | Uinta | \$29,258 |
| Johnson | \$32,337 | Washakie | \$36,957 |
| Laramie | \$52,355 | Weston | \$29,258 |
| Lincoln | \$29,258 | Total Allocation | \$850,000 |



Expectations

To meet the goals of the CPG program, grantees should use the funding to support the expectations identified below. The list below does not include all grant expectations.

*Denotes federally funded required activities

- **Assessment:**
 - Use county-level data and state level data to assess needs and identify risk and protective factors and appropriate evidence-based strategies for each of the six focus areas and capacity enhancement.*
 - Use data to select a population disproportionately affected by each focus area.*

- **Work plan:**
 - Collaborate community prevention activities with a community coalition that uses the Strategic Prevention Framework (SPF) process to develop the work plan.
 - The SPF represents a five-step, data-driven process used to: assess needs (Step 1); build capacity (Step 2); engage in a strategic planning process (Step 3); implement a comprehensive, evidence-based prevention approach (Step 4); and evaluate the implementation and related outcomes (Step 5). The use of the SPF process is critical to ensuring that communities work together to use data-driven decision-making processes to develop effective prevention strategies and sustainable prevention infrastructures.*
 - Identify evidence-based strategies (EBS) for substance use, tobacco, and suicide prevention services and activities. The term evidence-based refers to whether the intervention has evidence from research or evaluation, showing that it is effective under a particular set of circumstances.*
 - The CPG Risk and Protective Factor and EBS List have been made available with this application. The State Epidemiology Outcomes Workgroup (SEOW) evidence-based subcommittee is available to review any strategies that a county would like WDH-PHD to consider that are not included on this list. A strategy may be considered evidence-based if it fulfills one of the following three conditions:
 - It is included in a federal government register of evidence-based interventions.
 - It is reported in peer-reviewed journals (with positive effects on the primary targeted outcome).
 - When no appropriate interventions are available through the first two primary resources on evidence-based interventions, then

community prevention specialists may identify other sources of evidence and coordinate with WHD-PHD for relevance.

- Work plan must be detailed with culturally appropriate policy, systems, and environmental (PSE) strategies and activities which seek to improve health equity.
- **Travel**
 - Annual CPG Fall Summit in Casper (Mandatory)
 - Mandatory CPG meeting for all awardees. We expect the Fall Summit to be held the first week of October each year. The 2024 meeting will be held September 30th - October 2nd 2024 in Casper, Wyoming. The Fall Summit Planning Committee is responsible for planning the event.
 - Suicide Symposium in Casper (Optional)
 - October 3rd and 4th 2024
 - Semi-Annual Spring Fling (Spring of the first year - Highly Recommended)
 - The WDH-PHD Prevention Technical Assistant in coordination with prevention specialists will facilitate an in-person meeting for prevention specialists.
 - Semi-Annual Work Plan Workshop (Spring of the second year- Mandatory)
 - The WDH-PHD Prevention Technical Assistant will facilitate four different workshop meetings, one for each region. WDH-PHD, in coordination with prevention specialists, will determine a location and time for this in-person meeting.
- **Tobacco Specific Requirements:**
 - Collaborate with WDH-PHD to determine the minimum number of people within the selected population related to tobacco prevention and control that will be reached by the PSE strategies and activities.
 - Implement at least one strategy to meet each of the goals under Office on Smoking and Health (OSH). The four goals are: prevent initiation of tobacco use among youth and young adults, promote quitting among adults and youth, eliminate exposure to secondhand smoke, and advance health equity by identifying and eliminating commercial tobacco product-related inequities and disparities.*
- **Reporting:**
 - Monthly: Collect and report data related to performance monitoring and evaluation to WDH-PHD to meet its obligations to federal grants and state funders using the required data collection system.*
 - Participate in additional data collection efforts as requested by WDH-PHD to meet its obligations to federal grants and state funders.*
 - Maintain record of evaluation efforts in grant files to include any pre- and post-assessments and fidelity checks related to program implementation.

- **Additional Requirements:**

- Ensure adequate staffing to contribute to the programmatic development or execution of the grant deliverables in a substantive, measurable way. Staff should be responsible for grant administration, reporting, and compliance.
- Ensure grant compliance through adequate county staff even if the services are contracted with a third party.
- Follow all applicable laws, rules, and funding requirements.
- Ensure any individually identifiable health information or any data that constitutes protected health information under the Health Insurance Portability and Accountability Act (HIPAA) will not be collected, obtained, or shared directly or indirectly without written permission from the WDH-PHD.
- Implement, and update as appropriate, approved community five-year strategic plan developed in the previous grant cycle.
- Ensure evidence-based programs are implemented to fidelity, even when implemented by a third party.

Restricted Activities

CPG funds cannot be used for the activities or services listed below. This list only includes more common restricted activities and is not intended to be all-inclusive. For questions concerning the allowability of an activity or to discuss a potential exception, please email your questions to wdh.prevention@wyo.gov.

- Funding activities or efforts intended to influence government officials or elected representatives in regard to appropriation(s), legislation or legislative policy. Activities include, but are not limited to, requests for appropriations, or unsolicited opinions on legislative changes that affect the delivery of prevention programs using any means of communication. Education on the impact of tobacco, substance use and suicide at the community level is allowed. This restriction does not apply to elected county officials or their representatives not directly employed with CPG funding, and community coalition members not directly employed with grant funding. However, funding from this Grant may not be used to fund such activities.
- Funding education on driving under the influence or driving while intoxicated.
- Funding individual substance abuse assessments.
- Funding individual client services.
- Funding capital construction projects or the purchase of buildings or other long-term capital investments.
- Funding for endowments, Religious purposes, grants to individuals, or payment of deficits or retirement of debt.
- Funding cannot supplant or be used to pay for services, staff, programs, or materials that would otherwise be paid with state or local funds.
- Funding programs or services that deny service based on sex, color, race, religion, national origin, sexual orientation, or disability.
- Funding programs or organizations with a direct conflict of interest.
- Funding alcoholic beverages, tobacco products, other drug products, and costs of entertainment, including amusement, diversion, and social activities.
- Funding for contributions, donations, or gifts.

Application Schedule

| | |
|-------------------|---|
| February 20, 2024 | Request for Application is released |
| April 30, 2024 | Community Prevention Grant Work Plans due for consideration |
| May 15, 2024 | WDH-PHD work plan and budget feedback to counties |
| May 28, 2024 | Joint county and WDH-PHD approval for the work plan complete |
| May 31, 2024 | Community Prevention Grant Applications due by survey |
| July 1, 2024 | CPG award period begins.* |
| June 30, 2026 | End of CPG award period |

*Please note: Application and joint county and WDH-PHD approval for the work plan and budget must occur before payments on the 25/26 Contract will be made.

Grant Application Webinar

What: The Community Prevention Unit will facilitate three different online webinars. Applicants should attend at least one.

Purpose: Meetings will cover the 25/26 Community Prevention Grant Program requirements, highlight changes to the work plan templates, and answer questions.

When:

| | | |
|---------------|------|---|
| February 23rd | 9 am | Visit the CPG Calendar for the webinar links. |
| February 26th | 1 pm | |
| February 29th | 3 pm | |

Work Plan Workshops

What: WDH-PHD Prevention Technical Assistant will facilitate four different in-person workshop meetings, one for each region.

Purpose: Meetings will provide an opportunity to collaborate on prevention strategies, receive support on development of the work plan, which may include going over and creating logic models, answering questions, or connecting resources.

Tentative Schedule:

| Region | Date | Location |
|----------|------------|-----------|
| Region 1 | April 16th | Pinedale |
| Region 2 | April 29th | Cheyenne |
| Region 3 | April 24th | Newcastle |
| Region 4 | April 25th | Cody |

Application Submission and Review

1. WDH-PHD will share a combined CPG work plan and budget template through Google Sheets with the designated Prevention Specialist by February 20, 2024. Counties must use the provided template. CPG work plan and budgets will be working documents that will be housed by WDH-PHD.
2. Direct any requests or questions to wdh.prevention@wyo.gov.
3. Applications should be submitted by May 31st through this survey: <https://redcap.link/bpbwuce>.
4. Each proposal will be reviewed individually and are not considered competitive. Applications will be reviewed based on the needs of the communities as justified through data, strategies chosen, and the funding requests in the application. The WDH-PHD reserves the right to accept or request changes to any proposal.
5. Due to the varied funding sources (Federal Funds, Tobacco Settlement Funds, and State General Funds) available, County may work with WDH-PHD on final amounts allocated for each focus area and grant deliverables.

Application Requirements

The Biennium 25/26 application will be submitted through an online survey:

<https://redcap.link/bpbiwuce>.

All pieces must be complete before submitting. Below are the questions that will be asked on the survey.

A. Contact Information

1. County-Level Grant Manager
2. Community Prevention Specialist

B. Abstract

Provide a summary of the county and the application, by answering the following questions:

1. Who was involved in developing this application and prevention plan?
2. What are the key prevention needs in the county and how were the prevention needs in the county identified and prioritized?
3. How will the proposed plan address identified needs?
4. What key populations have you identified for targeted interventions? Examples may include pregnant women/teens, service members, veterans and their families, economically disadvantaged, and LGBTQ+
5. How did you identify the key population(s)?

C. Work Plan/Budget

Through a collaborative effort with one or more local coalitions focused on substance use prevention and suicide prevention, complete logic models for the five focus areas: underage alcohol and youth marijuana use, adult overconsumption of alcohol, tobacco use, opioid/prescription drug misuse/abuse and other drugs, and suicide. Capacity enhancement efforts should be included with the strategy that it supports. Several evidence-based risk and protective factors have been identified through prioritization using data analysis at the state level and should be used to guide county level efforts. Logic models should then be used to complete the detailed work plan and budget. The work plan/budget template will be shared as a Google Sheet workbook provided along with this document. Use of the template is required for the application.

The work plan should include evidence-based strategies to address each of the four nationally recognized tobacco prevention and control goals outlined in the [CDC Best Practices for Comprehensive Tobacco Control Programs](#) and strategies that align with the [national](#) and state suicide prevention goals. Include the following components in the work plan for tobacco prevention and control:

- Strategies to reduce disparity related to tobacco use, dependence, and secondhand smoke in the selected population.
- Provide training opportunities.

Strategies have been identified based on risk and protective factors and are available through a drop-down menu on the work plan/budget template. An associated [“CPG Risk and Protective Factors and EBS List”](#) is included with this application that provides additional details regarding these strategies. Strategies in the work plan must be culturally appropriate policy, systems, and environmental (PSE) strategies and activities which seek to improve health equity.

Provide a detailed budget and justification for the entire amount of funding requested. Download from Google Sheets into an Excel document to upload with the application.

E. Certificate of Authorization

Submit a Certificate of Authorization signed by the Grant Manager. The Grants Manager should be the county-level person responsible for the Community Prevention Grant oversight to include administration, tracking, reporting, and grant compliance. This person cannot be the Community Prevention Specialist.

F. Certificate of Collaboration



Submit a Certificate of Collaboration signed by an authorized representative of the local coalition. This person cannot be the Community Prevention Specialist.

Certificate of Authorization

BY SUBMISSION OF AN APPLICATION:

I certify to the best of my knowledge that the information and budgets contained in this application are correct.

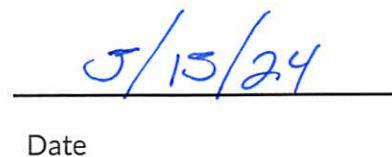
I certify that the work plan was completed through a collaborative effort with one or more local coalitions focused on substance abuse prevention and suicide prevention.

I certify that the applicant will comply with all Federal regulations, policies, guidelines, and requirements for funding awarded through this grant.

I certify that this project will be conducted in accordance with funding source requirements and the assurances provided within this application for funding awarded through this grant.

I have been authorized by the County's governing body to submit this application.


Signature of Grant Manager


Date





Certificate of Collaboration

BY SIGNATURE OF THIS CERTIFICATION:

I certify that the logic models for the six focus areas and capacity enhancement was completed through a collaborative effort with the local coalition focused on substance use prevention and suicide prevention.

I certify that the coalition reviewed local and state data to understand the needs and prioritize risk and protective factors and appropriate evidence-based strategies for each of the six focus areas and capacity enhancement.

I certify that the work plan was reviewed by a majority of the coalition members.

I have been authorized by the local coalition to submit this certificate of collaboration.

Signature of Authorized Coalition Member

Date



Appendix A. Instructions for Completing Work Plan/Budget

Instructions & Summary

This tab is automatically populated with information from the other tabs. This tab provides a summary of expenses. The tab also calculates an estimated percentage of funding budgeted to each focus area to estimate final expenditures falling within the target range as outlined in the application. County can make adjustments to the estimated percentage of time allocated to each focus area, which will update the amount of funding allocated to each focus area.

Requested Budget

Sections A. Personnel, B. Equipment and Supplies, C. Operational Supports, D. Website and Social Media/Community Presence, E. Community Coalitions and Workforce Development, and G. Indirect Costs will be requested on this tab. Section F. Community Prevention Service Implementation will populate from the other tabs.

- A. **Personnel** - List all staff for whom you are requesting salary reimbursement in this section. Please provide detail in justification regarding calculation of fringe benefits.
- B. **Equipment and Supplies** - List estimated equipment and office supply expenses.
- C. **Operational Supports** - List estimated operational expenses such as office space, internet, phone, and subscriptions.
- D. **Website and Social Media/Community Presence** - List estimated expenses to maintain a website and social media/community presence. Media expenses not directly tied to a prevention strategy should be listed here. Expenses for this category should not exceed 10% of your budget, justification will need to be provided for anything over 10%. Please note - WDH-PHD maintains a [Social Media Toolkit Calendar](#) with free assets as well as a [Social Media Toolkits and Shareables](#) resource.
- E. **Community Coalitions and Workforce Development** - List estimated expenses related to managing the community coalition to include food and travel expenses for meetings. Include estimated expenses for the Annual CPG Fall Summit to Casper and any of the optional in-person meetings if planning to attend. Conferences that cannot be directly tied to a strategy should also be listed here.
- F. **Community Prevention Services Implementation** - Will populate when other tabs are completed.
- G. **Indirect Costs** - List the percent of indirect costs you would like to claim in column F 81. Indirect costs cannot be more than 10%.

Focus Areas

Complete the logic model and associated strategy budgets for each focus area. Reach out to WDH-PHD if you need additional strategy or budget lines.

Complete Logic Model

Logic models should be completed in coordination with the local prevention coalition utilizing the [strategic prevention framework](#).

| Underage Drinking and Youth Marijuana Logic Model | | | | | | |
|---|-------------------------|--|-------------------|---|--|--|
| Problem: | Risk/Protective Factors | Data Indicator (Data related to the risk/protective factor) | Strategy | Process Measures/Outputs (Measures of activities from strategy, often what will go into PNA) | Short-Term Outcomes (Changes as a direct result of the strategy to the data indicator) | Long-term Outcome (Changes as a direct result of the strategy) |
| 1 | Easy retail access | 25% of high school students report the source of last drink from a convenience store, liquor store, bar or restaurant. PNA | Compliance checks | Conduct 80 valid compliance checks with a compliance rate of 80% | Decrease the percent of high school students reporting source of last drink from a convenience store, liquor store, bar or restaurant. PNA | Reduce the percent of high school students reporting alcohol use in the past 30 days, PNA Reduce the percent of high school students reporting marijuana use in the past 30 days, PNA |
| 2 | - | - | - | - | - | |
| 3 | - | - | - | - | - | |
| 4 | - | - | - | - | - | |
| 5 | - | - | - | - | - | |

Risk/Protective Factors - Evidence-based risk and protective factors have been identified and included using data as summarized in the CPG Risk and Protective Factors and EBS List ([List](#)). Risk and protective factors associated with the focus area are available via drop down to include in the logic model. Coalitions should prioritize risk/protective factors based on importance and changeability factors in their community. Details on the prioritization should be provided under community conditions.

Note: We acknowledge that strategies should be chosen that target multiple, not single risk/protective factors. For the purposes of this application, please pick the factor with the highest importance and changeability factors for your community. We encourage you to maintain a separate logic model which includes more detail than is provided in this work plan.

Data Indicator - Write a data indicator statement that connects to the risk/protective factor chosen. The source of the data should be included in the statement. Potential data indicators for each risk/protective factor can be found on the [List](#), although you are not limited to those data indicators alone.

Strategy - Potential evidence-based strategies have been identified for each risk/protective factor and can be found on the [List](#). All identified strategies are available via drop down. Coalitions should choose strategies based on the evidence-based foundation, practical fit, and conceptual fit for their community. Details on the choice of strategy should be provided under community



conditions. All strategies that the Community Prevention Specialist spends time implementing should be included in the work plan, even if there is not an associated budget.

Note: Strategies should be listed in only one focus area. Pick the one that most closely aligns with the purpose of the chosen strategy.

Process Measures/Outputs - Write a process measure/output statement that connects to the strategy chosen. This will often be what will be entered into the Prevention Reporting & Evaluation System (PRES) in [REDCap](#) when the strategy is implemented. Be sure you pick something that is measurable and plan ahead to ensure you track the process measure/output. This will become part of the automatically generated evaluation statement.

Short-Term Outcome - Write a short-term outcome that expresses the change you expect to see as a direct result of the strategy to the data indicator. When possible, short-term outcomes should be written in the following format, "To increase/decrease (risk and protective factor) by (how much), by (when, as measured by (indicator)). This will become part of the automatically generated evaluation statement.

Long-term Outcome - Long-term outcomes are the overall goals of the Community Prevention Grant Program and are included for you.

Work Plan Budget

Budgets should be completed for each strategy.

| Strategy 1: Compliance checks | | Status: WDH Review Requested | | | | |
|--|--|------------------------------|-----------------------|----------------------|----------------------|-------------------|
| Target Population Level (IOM): | Universal Indirect | | | | | |
| Description: | Contract with Sheriff's office to conduct compliance checks | | | | | |
| Community Conditions: What is the community capacity (resources and readiness)? Describe prioritization (importance and changeability) of risk/protective factors. Why did the community choose this strategy (evidence-based foundation, practical fit, conceptual fit)? | Community Capacity: The Sheriff's Office has the resources and readiness to assist with compliance checks. Prioritization: During the coalition planning meeting, source of last drink coming from convenience stores, liquor stores, bar or restaurant was identified as having high changeability and importance as it was the most frequently reported source of last drink for high school students in our community. Coalition members also reported hearing from youth of known locations in town that will sell to underage youth. Strategy: This strategy has been found to be effective at preventing underage sales, this strategy enhances the ordinance that requires Responsible Beverage Service training in the county. | | | | | |
| Evaluation Statement: How will you know you accomplished your goals? Expected Process Measures/Outputs and Short-term Outcome | Track 60 valid compliance checks with a compliance rate of 80% to see expected Decrease in the percent of high school students reporting source of last drink from a convenience store, liquor store, bar or restaurant, PNA | | | | | |
| Budget for Underage Drinking and Youth Marijuana Strategy 1: Compliance checks | | | | | | |
| Purchases - Items - Contractor | Cost per Item | # of Items/months | Year Requested | Year 1 Budget | Year 2 Budget | Line Total |
| Contract with the Sheriff's Office to conduct 60 compliance checks | \$50.00 | 60 | Year 1 - | \$3,000.00 | \$0.00 | \$3,000.00 |
| | | | - | \$0.00 | \$0.00 | \$0.00 |
| | | | - | \$0.00 | \$0.00 | \$0.00 |

Target Population Level (IOM) - Select the target population level Institute of Medicine (IOM) category for each strategy. This will be used for federal reporting purposes and is not required for nicotine or suicide budgets.

- **Universal Direct:** Interventions directly serve an identifiable group of participants but who have not been identified on the basis of individual risk (e.g., school curriculum, after school program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions).



- **Universal Indirect:** Interventions support population-based programs and environmental strategies (e.g., establishing ATOD policies, modifying ATOD advertising practices). This also could include interventions involving programs and policies.
- **Selective:** Selective prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment--for example, children of adult alcoholics, dropouts, or students who are failing academically. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group.
- **Indicated:** Indicated prevention strategies are designed to prevent the onset of substance abuse in individuals who do not meet Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs. Indicated prevention approaches are used for individuals who may or may not be abusing substances, but exhibit risk factors that increase their chances of developing a drug abuse problem. Indicated prevention programs address risk factors associated with the individual, such as conduct disorders, and alienation from parents, school, and positive peer groups. Less emphasis is placed on assessing or addressing environmental influences, such as community values.

Description - Enter a brief description of strategy implementation. This will be included by WDH-PHD into the CPG Budget Summary on REDCap.

Community Conditions - Briefly discuss the community conditions that lead to the decision to implement the chosen strategy. Consider community capacity (resources and readiness, prioritization of risk/protective factor, and importance and changeability), and how the strategy is a practical and conceptual fit for the community.

Evaluation Statement - This will be populated from the logic model above.

Purchase Items - Complete with necessary detail to understand what is being requested and purchased. When appropriate, indicate contract and subrecipient relationships in the description. Promotional items should be a separate line item and easy to identify. All expenses should meet the expectations and allowability guidelines as set forth in this application document.

Budget Justification - Provide additional detail that will be helpful to support the requested expenses or to provide additional information that doesn't fit in the purchase items table.

Example work plan/budget template can be found on the CPG Team Site.