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**Rhode Island Department of Health (RIDOH)**

**Mini-Grant for Drug Overdose Prevention**

The Rhode Island Department of Health (RIDOH) is offering mini-grants in amount up to $4,900 to community-based organizations to support projects that address the opioid overdose epidemic in Rhode Island. Eligible applicants are nonprofit organizations with experience providing services, support, and engagement to populations affected by overdose in the state.

**Projects must be data-driven and based on findings from the** [September 2017](http://preventoverdoseri.org/wp-content/uploads/2017/09/MODE-Sept-Report_09-12-2017.pdf) **and/or** [December 2017](http://preventoverdoseri.org/wp-content/uploads/2017/12/MODE_Dec-2017_Report.pdf) **Multidisciplinary Review of Drug Overdose Death Evaluation (MODE) Team Reports*.***

Applications must be submitted no later than **5 p.m. on Friday, January 5, 2018** to Jennifer Koziol, [Jennifer.Koziol@health.ri.gov](mailto:Jennifer.Koziol@health.ri.gov). Up to five mini-grants will be awarded; one application per agency will be reviewed. Mini-grant projects must be completed within three months or less of purchase order (PO) receipt. Final report, project deliverables (if applicable), and project invoice are due within 30 days of project completion. All successful applicants are required to attend an Evaluation and Indicator Workshop on**, January 24, 2018 at 2:00 PM** at the Rhode Island Department of Health.

To apply:

1. Complete the Drug Overdose Prevention Mini-grant Application.
2. Submit a [W-9](http://www.purchasing.ri.gov/rivip/publicdocuments/fw9.pdf) to ensure timely processing of grant award.

**Please note**:

Due to federal budget restrictions, mini-grant funds may not be used for the purchase of food or beverages. Grant funds cannot be used for the purchase of naloxone, implementation or expansion of drug “take-back” programs, or directly funding substance abuse treatment programs.

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**Rhode Island Department of Health**

**Drug Overdose Prevention Program**

**Mini-Grant Application Form**

**Instructions:** Please complete Sections I – V of the mini-grant application.

**Projects must be data-driven and based on findings from the** [September 2017](http://preventoverdoseri.org/wp-content/uploads/2017/09/MODE-Sept-Report_09-12-2017.pdf) **and/or** [December 2017](http://preventoverdoseri.org/wp-content/uploads/2017/12/MODE_Dec-2017_Report.pdf) **Multidisciplinary Review of Drug Overdose Death Evaluation (MODE) Team Reports*.***

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**SECTION I: AGENCY CAPACITY (10 points)**

Briefly describe your organization’s experience in providing services and support to populations affected by drug overdose and in conducting overdose prevention work. Use of bullet points is acceptable.

**250 words maximum**

**SECTON II: SCOPE OF WORK (20 points)**

Provide a detailed summary of the proposed project. Describe how this project addresses findings from the [September 2017](http://preventoverdoseri.org/wp-content/uploads/2017/09/MODE-Sept-Report_09-12-2017.pdf) and/or [December 2017](http://preventoverdoseri.org/wp-content/uploads/2017/12/MODE_Dec-2017_Report.pdf) Multidisciplinary Review of Drug Overdose Death Evaluation (MODE) Team Reports*.* Use of bullet points is acceptable.

**300 words maximum**

**SECTION III: PROJECTED OUTCOMES AND EVALUATION (10 points)**

What is/are the short-term outcome(s) of the project (i.e., products developed, number of people reached)? How will you measure progress? What are the intended long-term outcomes of your project (i.e., behavior change)? Add or delete rows as necessary.

|  |  |
| --- | --- |
| **Project Outcome(s)** | **How will you measure outcome success?** |
| *Example:*  By February 28, 2018, train 50 staff members on administration of naloxone. | *Example:*  Logs and sign in sheets will be kept at each naloxone administration training. Number of staff trained by February 28, 2018 will be tallied. |
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| **Intended long-term outcome(s) of the project:** | |
| 1. | |
| 2. | |

**SECTION IV: PERSONNEL & WORK PLAN** **(10 points)**

List the staff that will be involved with the project and *briefly* describe their relevant experience. Add or delete rows as necessary.

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **Experience** |
| 1. |  |  |
| 2. |  |  |

Provide project work plan. All grant activities must be completed within three months or less of purchase order receipt. The exact start date will be dependent on state purchasing procedures. Use February 1, 2018 as an estimated “Begin Date” with the understanding that processing delays may occur. Add or delete rows as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activities** | **Staff Responsible** | **Begin Date** | **End Date** |
| 1. 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

**SECTION V: BUDGET NARRATIVE (10 points)**

Please list and briefly describe your proposed budget. **Please include hourly rate and total number of hours for all staff time listed.** The maximum allowable budget for this project is $4,900.00.

**Note: Due to federal budget restrictions, mini-grant funds may not be used for the purchase of food or beverages. Grant funds cannot be used for purchasing naloxone, implementing or expanding drug “take back” programs, or directly funding or expanding substance abuse treatment programs.** Add or delete rows as necessary.

|  |  |  |
| --- | --- | --- |
| **Item/Staff** | **Amount** | **Justification** |
| 1. | $ |  |
| 2 | $ |  |
| 3. | $ |  |
| 4 | $ |  |
| 5. | $ |  |
| 6. | $ |  |
| 7. | $ |  |
| 8. | $ |  |
| 9. | $ |  |
| 10. | $ |  |

If you have any questions, please contact Jennifer Koziol, MPH

(401) 222-4964 | [Jennifer.Koziol@health.ri.gov](mailto:Jennifer.Koziol@health.ri.gov)