** Drug Overdose Prevention Program**

**Mini-Grant Application**

***Project proposals are due: Friday, July 8, 2022 @ 5:00 p.m.***

**Summary:**

The Rhode Island Department of Health (RIDOH) is offering mini-grants of **up to** **$4,950** to community-based organizations to support innovative projects that address the overdose epidemic in Rhode Island.

Eligible applicants are non-profit organizations and/or government entities with experience providing services, support, and engagement to populations affected by overdose in the state. Each organization or entity may submit only one mini-grant application. Please note that RIDOH anticipates funding five to seven agencies during this mini-grant cycle.

**To apply:** Pleasesubmit the following documentsto Olive Wicherski no later than **5 p.m. on Friday, July 8, 2022:**

1. A fully completed RIDOH Drug Overdose Prevention Mini-Grant Application (Pages 3 – 9).
2. A completed [W-9](http://www.purchasing.ri.gov/rivip/publicdocuments/fw9.pdf) to verify non-profit status and ensure timely processing of the grant award.

**Interagency collaboration:**

RIDOH strongly encourages prospective applicants to partner with another community-based organization to maximize resources and potential impact of this opportunity. Although the overarching project should be a true collaboration between partners, for contracting purposes each agency will need to submit their own application and a separate budget. Each agency in the partnership will be awarded up to $4,950 to put toward the collaborative project. The applications from each organization must provide a short summary of the project and clearly identify the name(s) of the project partner(s). The agency must then answer each section of the application as it applies to their organization. It is important that the application documents clearly define roles for each organization and that budget expenses do not overlap.

**Requirements:**

* Project proposals must align with or build upon at least one recommendation from the list of priorities on page 2.
* A final report, project deliverables (if applicable), and project invoice must be submitted to RIDOH within 30 days of project completion. The anticipated start date for project implementation is: **8/1/2022**. The final report must be completed in its entirety prior to receiving reimbursement for grant-related expenses.

SMART(Specific, Measurable, Achievable, Realistic, and Time-bound) objectives must be included in Section III- Projected Outcomes and Evaluation

**Restrictions:**

Due to Federal budget restrictions, mini-grant funding **may not** be used for the following:

* Direct purchase of naloxone or safer smoking kits[[1]](#footnote-2)
* Implementation or expansion of prescription drug “take-back” programs (including Deterra™ Drug Deactivation bags or drug disposal boxes); and
* Direct funding or expansion of substance use treatment programs.
* Syringe and syringe disposal.
* Direct funding of clinical care staff or operations.

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**Drug Overdose Prevention Program**

 **Mini-Grant Application**

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

RIDOH is seeking applications for innovative interventions to address the overdose epidemic in Rhode Island. ***Proposed projects must align with or build upon the following priorities:***

* Pilot strategies and/or interventions that acknowledge, recognize, and address institutional racism and health disparities.***Examples****:* Covering recovery housing costs as relapse and overdose prevention; developing harm reduction/overdose prevention educational materials in languages that are spoken by the community being reached.
* Initiatives that are designed to reach vulnerable populations at high-risk of overdose.
* Strategies that focus on polysubstance use, including stimulant and/or alcohol use.
* Initiatives that focus on providing support for peer-based staff who provide frontline services. ***Examples:*** Professional development/training for peers, especially for specialization and certifications for roles in leadership, workshops, mindfulness-based courses, Yoga, art therapy, etc.
* Strategies that strengthen the relationship between the community and first responders. ***Example:*** Development of a curriculum on best practices for collaborating with first responders on harm reduction initiatives.
* Expansion of drug user health and harm reduction services *(see funding restrictions on page 1).*
* Support and fund trauma-informed mental health services in Substance Use Disorder or alcohol treatment.
* Implementation of employment and re-employment efforts to support a person’s recovery. As appropriate, align with Rhode Island’s [Recovery-Friendly Workplace Initiative](https://recoveryfriendlyri.com/).
* COVID-safe, in-person recovery support services to increase social connectedness.
* Interventions to improve the coordination and integration of treatment and recovery support services for individuals transitioning to community-based programs.
* Strategies that engage businesses and nontraditional partners in other disciplines, such as education, hospitality, the arts, retail, etc.

**SECTION I: AGENCY AND AGENCY CAPACITY (15 points)**

**Name of Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Partner Agency (or Agencies) if Applicable:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Title:­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Briefly describe your organization’s experience providing services and support to populations affected by drug overdose. Include any experience conducting overdose prevention and response work. If your agency does not have experience working with populations affected by drug overdose but you are partnering with an agency who does, please identify that partner, along with the unique expertise each agency brings to the partnership. Use of bullet points is acceptable.

**300 words maximum**

**SECTON II: SCOPE OF WORK (25 points)**

Provide a detailed summary of the proposed project. Include the target population and a brief rationale, including any supporting data or evidence. Please describe *how* your innovative project connects to one or more recommendations listed OR fills an identified need or gap. If you are partnering with another agency, please specifically describe *your* agency’s role in the project. Your partner agency is responsible for describing their role in the project in their separate application. Use of bullet points is acceptable.

**500 words maximum**

**SECTION III: PROJECTED OUTCOMES AND EVALUATION (20 points)**

What are the short-term outcomes of the project (products developed, number of people reached, etc.)? How will you measure progress and success? Please use SMART (Specific, Measurable, Achievable, Realistic, and Time-bound) objectives. Add or delete rows as necessary. (More details about SMART objectives below the table)

**Please note**: The SMART examples below are included to help direct your thinking about project outcomes and evaluation planning.

|  |  |
| --- | --- |
| **Project Outcome(s)** | **How will you measure outcome success?** |
| *SMART Example 1:**By July 31, 2022, we will train 50 staff members on the administration of naloxone.*  | *Example:**Logs and sign-in sheets will be kept at each naloxone administration training. Number of staff trained by July 31, 2022 will be tallied on these sheets.*  |
| *SMART Example 2:**The project team will hold two 5K walk/runs with at least four entities by July 1, 2022 and speak once a month at 9 community meetings from January-September 2022, to educate our community that opioid use is a public health problem.* |

|  |  |
| --- | --- |
| *Example:* *2 walk/run events and 9 speaking engagements will* *be completed by September 2022. We will document attendance with sign in sheets. Meeting agendas will* *also be used to document the speaking events.*  |  |

 |
|  1. |  1. |
|  2. |  2. |
|  3.  |  3. |

**SMART stands for specific, measurable, achievable, realistic, and time-bound**.

• **Specific** – Objective clearly states, so anyone reading it can understand, what will be done and who will do it.

• **Measurable** – Objective includes how the action will be measured. Measuring your objectives helps you determine if you are making progress. It keeps you on track and on schedule.

• **Achievable** – Objective is realistic given the realities faced in the community. Setting reasonable objectives helps set the project up for success

• **Realistic** – A relevant objective makes sense, that is, it fits the purpose of the grant, it fits the culture and structure of the community, and it addresses the vision of the project.

 •**Time-bound** – Every objective has a specific timeline for completion.

**Tips for writing SMART Objectives**

|  |  |
| --- | --- |
| Specific | * Define what you expect
* Determine who will do it
* Detail accountability
* Use action verbs, expressing physical or mental action, as much as possible
* Provide enough detail - this depends on the objective but should be enough to be clear
 |
| Measurable | * Identify how you will know objective was accomplished – usually this means quantity but can also be quality (for instance, “80% of participants agree or strongly agree on the feedback form”)
 |
| Achievable | * Make sure you have the time, manpower, resources, and authority to accomplish the objective
* Consider if there may be factors beyond your control
 |
| Realistic | * The objective helps you meet the purpose of the grant
* The objective is aligned with the Community Readiness Assessment scores
 |
| Time-bound | * Specify when the objective should be completed
* Include time-lined benchmarks for long-range goals and all objectives
 |

**(source- https://www.samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf)**

**SECTION IV: ANTICIPATED BARRIERS AND FACILITATORS (10 Points)**

Please use this section is to brainstorm potential barriers to accomplishing the proposed objectives stated above, as well as and creative solutions that could be utilized to minimize barriers and strengthen facilitators. This will enable organizations to be better equipped to address barriers before they arise and maximize their resources to make the greatest impact. Add or delete rows as needed.

|  |  |
| --- | --- |
| Potential Barrier | Proposed Solution |
| *Example: It is possible that “Zoom fatigue” could be a barrier to people joining online events, which could impact participation from the community.*  | *Example: Host in-person events in an outdoor location where people can gather safely.* |
|  |  |
|  |  |

**SECTION V: PERSONNEL AND WORK PLAN** **(15 points)**

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

|  |  |  |
| --- | --- | --- |
| **Name of Staff** | **Title** | **Experience and Role in the Project** |
|  1. |  |  |
|  2. |  |  |

Provide a **detailed work plan and timeline**, listing *all* steps for implementation. Projects are expected to take approximately three to six months to complete. ***Project timelines are left to the discretion of the organization implementing each project.***

Agencies can anticipate contracts to be in place by **8/1/2022** (exact start date TBD), 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 VI: BUDGET NARRATIVE (15 points)**

Please list and briefly describe each item in your proposed budget. Be sure to include the hourly rate and total number of hours for all personnel on the project. The categories below are suggestions; please add or delete rows as necessary. The maximum budget for each agency involved in this project is $4,950.00. Add or delete rows as necessary.

**Please note:**

Due to Federal budget restrictions mini-grant funding **may not** be used for the implementation or expansion of prescription drug “take-back” programs (including Deterra™ Drug Deactivation bags or drug disposal boxes), the purchase of naloxone, the purchase of syringes and/or syringe disposal, or direct funding or expansion of substance use treatment programs.

|  |  |  |
| --- | --- | --- |
| **Item** | **Amount** | **Justification** |
| **Personnel**  |  |  |
|  |  |  |
| **Supplies** |  |  |
|  |  |  |
| **Printing** |  |  |
|  |  |  |
| **Sub-Contracts/Vendors** |  |  |
|  |  |  |
| **Mileage**  |  |  |
| *[# miles @ $0.585/mile]* |  |  |
| **Administrative Costs** |  |  |
|  |  |  |
| **Other**  |  |  |
| *[Please specify]* |  |  |
| **TOTAL BUDGET** | $0.00 |  |

If you have any questions, please contact Olive Wicherski

1. The State of Rhode Island can provide harm reduction supplies through a different mechanism; contact Cathy.Schultz@health.ri.gov [↑](#footnote-ref-2)