



Drug Overdose Prevention Program Mini Grant Application

Project proposals are due by close of business, Friday, February 24, 2023.

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. Each organization may submit only one mini-grant application. Please note that RIDOH anticipates funding five to seven agencies during this mini-grant cycle.

To apply: Please submit the following documents to [Olive Wicherski](#) no later than **5 p.m. on Friday, February 24, 2023:**

1. A completed RIDOH Drug Overdose Prevention Mini-Grant Application (Pages 3 – 9). Incomplete project proposals will not be considered.
2. A completed federal W-9 to verify non-profit status and ensure timely processing of the grant award.

Requirements:

- Project proposals must align with 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: March 1, 2023. The final report must be completed in its entirety prior to receiving reimbursement for grant-related expenses.

Restrictions:

Mini-grant funding **may not** be used for the following:

- Purchase of [naloxone](#) or [harm reduction supplies](#) (i.e. safer smoking kits and fentanyl test strips¹).
- Implementation or expansion of prescription drug “take-back” programs (including Deterra™ Drug Deactivation bags or drug disposal boxes);
- Direct funding or expansion of substance use treatment programs;
- Purchase of syringes;
- Direct funding of clinical care staff or operations.

¹ Safer smoking kits and other [harm reduction supplies](#) such as fentanyl test strips can be ordered **at no cost to the organization** through [Preventing Overdose and Naloxone Intervention \(PONI\)](#). **Free** naloxone can be requested using the [Naloxone Request Form for Community Partners](#).



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 at least one recommendation from the below list. We encourage you to be creative in your approach.** If you have questions about any of the priorities listed below, please reach out to [Olive Wicherski](#).

RIDOH will prioritize funding for initiatives that:

- Acknowledge, recognize, and address institutional racism and health disparities.
- Are designed to reach populations at high-risk of overdose, such as: people who have a substance use disorder, people who resume substance use after a period of abstinence, individuals who are unhoused/housing unstable, and individuals who use multiple substances.
- Address polysubstance use, including stimulant and/or alcohol use.
- Support peer-based staff who provide frontline services.
- Strengthen the relationship between the community and first responders.
- Expand drug user health and harm reduction services (*see funding restrictions on page 1*).
- Provide support for trauma-informed mental health services in substance use disorder or alcohol treatment.
- Address employment and re-employment efforts to support a person's recovery. As appropriate, align with Rhode Island's [Recovery-Friendly Workplace Initiative](#).
- Provide recovery support services to increase social connectedness and community building.
- Improve the coordination and integration of treatment and recovery support services for individuals transitioning to community-based programs.
- Engage businesses and nontraditional partners, 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: _____

Is Your Organization Currently Funded By RIDOH?

Yes **No**

If yes, please list the position/program/project(s) _____

Please briefly describe your organization’s experience with overdose prevention and response initiatives, including any relevant experience with your proposed target population. 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 agency, along with the unique expertise and experience each agency brings to the partnership. Please use bullet points as needed.

300 words maximum

SECTION II: SCOPE OF WORK (30 points)

Provide a detailed summary of the project you are proposing to implement. Please be as specific as possible about your scope of work. If the mini grant funding is intended to support a smaller piece of a larger program, you can briefly provide that context here. However, please be sure to specifically detail which aspects of the program will be funded by *this* mini-grant.

Important details to include:

- Your target population and the reason why you selected this population, including any supporting data or evidence (i.e., what is the problem you are trying to address).
- A description of *how* your project connects to one or more recommendations listed OR fills an identified need or gap.
- Potential challenges and solutions: Do you foresee any challenges that could arise? How would you try to solve them?

500 words maximum

SECTION III: PERSONNEL AND WORK PLAN (15 points)

Please include details about staff members that will be involved with the mini-grant funded project and *briefly* describe their relevant experience and role. Add or delete rows as necessary.

Name of Staff	Title	Experience and Role in this Project
1.		
2.		

Please provide a **detailed work plan and timeline**, listing *all* steps of the mini-grant project implementation with the approximate start and end dates.

- Project timelines are flexible and left to the discretion of the organization. Typically, most projects can be completed between three to six months. But please propose a timeline that works best for your scope of work/project.

Agencies can expect contracts to be in place by March 1, 2023 (exact start date TBD), with the understanding that processing delays may occur.

Add or delete rows as necessary.

Activities	Start Date	End Date

SMART Goals Guide

SMART Stands for Specific, Measurable, Achievable, Realistic, and Time-Bound.

Please see example of a SMART goal is on the following page, SECTION IV: PROJECTED OUTCOMES AND EVALUATION

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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Identify how you will know objective was accomplished – This can mean quantity or quality-(for instance, “80% of participants agree or strongly agree on the feedback form”)
Achievable	<ul style="list-style-type: none">• Make sure you have the time, manpower, resources, and authority to accomplish the objective• Consider if there may be factors beyond your control

Realistic	<ul style="list-style-type: none"> • The objective helps you meet the purpose of the grant • The objective is aligned with the Community Readiness Assessment scores
Time-Bound	<ul style="list-style-type: none"> • Specify when the objective should be completed • Include time-lined benchmarks for long-range goals and all objectives

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

SECTION IV: PROJECTED OUTCOMES AND EVALUATION (20 points)

What are the short-term outcomes of the mini-grant project? For example, what products will be developed, how many people do you expect to reach? How will you measure progress and success? Please use SMART objectives. Add or delete rows as necessary. (More details about SMART objectives on the previous page).

Please note: The SMART example below is included to help act as a guide for the development of your own SMART goals for your proposed project outcomes and evaluation planning.

Project Outcome(s)	How will you measure outcome success?
<i>SMART Example 1:</i> <i>By July 31, 2023, we will train 50 staff members on the administration of naloxone.</i>	<i>Example:</i> <i>Logs and sign-in sheets will be kept at each naloxone administration training. Number of staff trained by July 31, 2023 will be tallied on these sheets.</i>
1.	1.
2	2.
3.	3.
4.	4.

SECTION V: BUDGET NARRATIVE (20 points)

Please list and describe each item in your proposed budget for the mini grant funding. Please be as specific as possible. 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.

Please note:

Mini-grant funding **may not** be used for the implementation or expansion of prescription drug “take-back” programs (including Deterra™ Drug Deactivation bags), the purchase of naloxone, harm reduction supplies such as safer smoking kits and fentanyl test strips, the purchase of syringes, direct funding or expansion of substance use treatment programs, or direct funding of clinical care staff or operations.

Specific information needed for each section:

Personnel: please list the following information for each person involved in the project: name, title, hourly rate, total number of hours.

Supplies: list for each item: individual cost of the supply and the total number needed for your project.

Printing: list cost per page and total number of pages being printed; other costs such as ink costs, color vs black and white ink, etc.

Sub contactors/vendors: if you are hiring subcontractors or vendors, please list the name of organization/individual(s), role/title hourly rate, and total number of hours.

Mileage: Number of miles that will be driven for this project x mileage reimbursement rate.

Admin costs: Percentage of overall budget for other costs such as time spent on development of policy/procedure/forms/programming.

EXAMPLE:

Item	Amount	Justification
Personnel	\$655	Staff time for client and community therapy sessions: [Name1_Title1] \$90/hr. x 2 hrs. [Name2_Title2] \$25/hr. x 19 hrs. (allows for twice monthly open sessions)

Budget Table Template

Add or delete rows as necessary.

Item	Amount	Justification
Personnel		
Supplies		
Printing		
Sub-Contracts/Vendors		
Mileage		
<i>[# miles @ \$0.625/mile]</i>		
Administrative Costs		
Other		
<i>[Please specify]</i>		
TOTAL BUDGET	\$0.00	

If you have any questions, please contact [Olive Wicherski](#), Community Project Coordinator, RIDOH