**Application Form**

**Advancing Harm Reduction through Data Analysis & Evaluation**

To apply for this funding opportunity:

* Complete this form
* Complete the [budget template](https://www.naccho.org/uploads/body-images/Updated-harm-reduction-budget-template_22nov2021-1.xlsx#asset:375709:url) and [budget narrative template](https://www.naccho.org/uploads/body-images/Budget-Narrative-Template_22nov2021.pdf#asset:375704:url). See the [budget guidance](https://www.naccho.org/uploads/body-images/Budget-Guidance_Data-Analysis-RFA_22nov2021.pdf#asset:375703:url) provided for additional instructions on developing the budget and budget narrative.
* Submit all documents required for a complete contracting package, including:
	+ [Contract cover sheet](https://www.naccho.org/uploads/body-images/Contract-Cover-Sheet_Data-Analysis-RFA.docx#asset:375799:url)
	+ [Certificate of Non-debarment](https://www.naccho.org/uploads/downloadable-resources/Certification-of-Non-Debarment.pdf)
	+ [FFATA form](https://www.naccho.org/uploads/downloadable-resources/FFATA-Data-Collection-Form.E.pdf) *(see the contract cover sheet for guidance on completing this form)*
	+ Proof of active registration with SAM.gov *(see question 4 in the contract cover sheet)*
	+ [Vendor form](https://www.naccho.org/uploads/downloadable-resources/Vendor-Form.pdf)
	+ [W9](https://www.naccho.org/uploads/downloadable-resources/W-9-Blank.pdf)
	+ Proof of fringe and/or indirect costs in the budget, if applicable *(see the contract cover sheet and budget guidance documents for more information)*
	+ Optional: Letters of Support from partner organizations
* Submit the application form, budget, budget narrative, and contracting package by January 13, 2022, at 11:59 PM PT by emailing Kat Kelley, Senior Program Analyst, HIV, STI, & Viral Hepatitis (kkelley@naccho.org). Please use the subject line: “Submission – Advancing Harm Reduction through Data Analysis & Evaluation.” If you do not receive an email confirming your submission within 2 business days, please call Kat at 202-507-4223.

**Organization**

1. **Name:** Click or tap here to enter text.
2. **Type:**

[ ] **Community-based organization**

[ ] **Local health department**

[ ] **Other, please describe:** Click or tap here to enter text.

1. **Address:** Click or tap here to enter text.

**Primary Point of Contact for Project**

1. **Name (First, Last):** Click or tap here to enter text.
2. **Title:** Click or tap here to enter text.
3. **Email Address:** Click or tap here to enter text.
4. **Phone Number (Optional):** Click or tap here to enter text.

**Lead Finance Contact**

1. **Name (First, Last):** Click or tap here to enter text.
2. **Title:** Click or tap here to enter text.
3. **Email Address:** Click or tap here to enter text.
4. **Phone Number (Optional):** Click or tap here to enter text.

**Organization Information**

1. **Organization Overview (250 – 500 words):**

Please provide an overview of your organization, including information such as your mission, whether your SSP is standalone or integrated into a larger organization, service modality, syringe access model, any fees associated with accessing syringes, and any other relevant information that will not be addressed elsewhere in this application. *If your SSP operates on a 1:1 basis, please describe the basis for this practice (e.g., regulatory restriction, budgetary constraints, etc.).*

Click or tap here to enter text.

1. **Geographic Area Served:**

*Indicate the jurisdiction you serve, including the region(s), state(s), county(ies), city(ies), and/or reservation(s).*

Click or tap here to enter text.

1. **Total Organizational Budget:**

*Current fiscal year, rounded to nearest dollar*

Click or tap here to enter text.

1. **Annual SSP/Harm Reduction Budget:**

*This may be the same amount as your total organizational budget*

Click or tap here to enter text.

1. **Characterize the number and capacity of staff and volunteers that support your program, including:**
	* **The total number of paid staff:** Click or tap here to enter text.
	* **The total number of paid, full-time equivalents (FTEs)\*:** Click or tap here to enter text.
	* **The total number of volunteers:** Click or tap here to enter text.
	* **Please indicate whether this project will be staffed by existing or new staff and volunteers. If you anticipate recruiting new staff and/or volunteers, please describe how you plan to do so. (50- 100 words):**

Click or tap here to enter text.

*\*For a total number of paid staff, indicate how many people work for your SSP/harm reduction program, regardless of how many hours they work per week. To calculate FTEs, count a full-time employee as 1 FTE, a half-time employee as 0.5 FTE, etc. For example, a staff member who works 20 hours per week and a staff member who works 40 hours per week would be 2 staff and 1.5 FTE.*

1. **Describe the qualifications including experience and skills of personnel who will be involved in this project (25 – 100 words per staff member):**

*This should include all personnel included in your budget.*

Click or tap here to enter text.

1. **Excluding Secondary Exchange, Number of Unique SSP/Harm Reduction Clients – Monthly**

*If you are unsure, please provide an estimate and add “(estimate)” after the number. If you do not collect unique data, please include the average number of encounters.*

Click or tap here to enter text.

1. **Services Provided (click/check all that apply):**

[ ]  **Distribution of syringes and other injection equipment**

[ ]  **Syringe disposal**

[ ]  **Secondary syringe exchange, please describe:** Click or tap here to enter text.

[ ]  **Distribution of smoking or snorting equipment**

[ ]  **Naloxone distribution**

[ ]  **Distribution of safer sex supplies (e.g., condoms, lube)**

[ ]  **Drug checking (e.g., fentanyl test strips)**

[ ]  **Wound care services**

[ ]  **Linkage to care, please describe:** Click or tap here to enter text.

[ ]  **Viral Hepatitis services, please describe:** Click or tap here to enter text.

[ ]  **HIV services, please describe:** Click or tap here to enter text.

[ ]  **STI services, please describe:** Click or tap here to enter text.

[ ]  **Medication for opioid use disorder, please describe:** Click or tap here to enter text.

[ ]  **Other, please describe:** Click or tap here to enter text.

1. **Client Engagement and Equity (250 – 500 words):**
* If applicable, describe how this project is informed by client engagement and/or equity considerations
* If applicable, describe how this project will enable your organization to more meaningfully engage clients and/or advance equity
* If applicable, describe how clients will be engaged in this project or related activities (e.g., the dissemination of data or findings

Click or tap here to enter text.

1. **Current status of data collection efforts (click/check all that apply):**

[ ]  **We don’t collect any data**

[ ]  **We don’t currently collect any data but activities are underway to begin data collection**

[ ]  **We collect service data at each encounter (e.g., number of syringes distributed/received, other supplies or referrals provided, etc.)**

[ ]  **We collect client data at each encounter (e.g., demographics such as race/ethnicity, gender, age, etc.)**

[ ]  **We collect data at intake/enrollment**

[ ]  **Encounter data are linked to individual clients (e.g., using a client code/identifier)**

[ ]  **We collect qualitative data (e.g., feedback forms, interviews, focus groups)**

[ ]  **We participate in ad-hoc surveys or studies**

[ ]  **We conduct routine surveys or studies at specific intervals**

**Project Information**

**19. Please select and rank 1 or both of the following priorities for your project, with 1 being your highest priority.** It is acceptable to only select 1 priority if only 1 is relevant to your project.

*The priorities will be used to provide guidance to applicants regarding what information to include in response to the subsequent questions. The priorities will also be used by reviewers when evaluating applicants in accordance with the first selection criterium, i.e., whether their proposed projects and activities align with their proposed priority(ies) and the goals of this RFA.*

|  |  |
| --- | --- |
| **Ranking** | **Priorities** |
| Ranking | A. Establish or enhance and implement processes for routinely and sustainably analyzing program data  |
| Ranking | B. Conduct a specific data analysis or evaluation project on a one-time or periodic basis to answer a specific evaluation question |

**20. Please describe the current status of data review and analysis at your organization, addressing the following questions** (Up to 300 words):

* Does your organization review and analyze data? If so, describe what data your organization regularly analyzes and how they findings are used and reported?
* If applicable, does your organization review, analyze, and report data for internal purposes (e.g., program improvement)? And/or are these activities primarily conducted for external stakeholders (e.g., funders)?
* If applicable, how does your organization compile and synthesize data for review (e.g., automated report developed in your software system, a staff person analyzes and summarizes/presents data for other staff or stakeholders)?
	+ Who is involved?
	+ How frequently does this occur?
	+ Do you have informal or formal mechanisms for using this information for program improvement or other purposes?
	+ Do you analyze all your data? What data are and aren’t analyzed? What data do you focus most on in your data review and analysis activities?

Click or tap here to enter text.

**21. Describe the data you will be analyzing, including** (50 – 300 words):

* How the data were/are collected (intake, encounter, point in time survey, comment box, etc.)
* Do you use unique IDs (i.e. can you de-duplicate your data?)
* What variables are included in your data set?
* The timeframe of the data (past year, past 5 years, etc.) and if there were any major changes in how data was collected during this time frame
* The “size” of the data in terms of clients or visits (e.g., X unique clients are represented in the data set, X client visits are represented in the data set)
* Whether the data are collected electronically and if not whether they have been digitized
* How complete the data set is (were there any significant changes to data collection during the period you are evaluating, are there significant missing values, etc.)
* What do you see as the biggest barrier to using this data?

Click or tap here to enter text.

**22. Describe your goals for this project, including** (100 – 500 words):

* The objectives you hope to achieve through this project:
	+ This *can* include long-term goals for the project, including its impact on your SSP, community, or the harm reduction field
	+ This **must** include objectives you hope to achieve by the end of the project period
* What questions do you hope to answer through data analysis activities?
* Any challenges or limitations to your current data analysis processes that you hope to address through this project
* How you intend to use the findings of your data analysis activities
* For projects that primarily seek to address Priority A: Describe your vision for routine data analysis at your organization as a result of this project (i.e., how will you analyze and use data on a regular basis) and why that will be an improvement over current data analysis processes. If this will expand your data analysis or reporting, what are the new topics or questions your organization will be analyzing.
* For projects that primarily seek to address Priority B: Describe your evaluation question(s) you hope to be able to answer as a result of this project (e.g., “What is the impact of our secondary exchange program?” or “Are we meeting the needs of [a specific population within clientele]?”). Define and explain your intended audience and the impact of your analysis on this audience.

Click or tap here to enter text.

**23. Summarize your approach, including** (50 – 300 words):

* What activities you will conduct throughout the project period to reach that vision
	+ **Required:** Complete the table below to indicate major activities that will occur during the project period
	+ **Optional:** Summarize the major activities included in your table or provide additional information that you think is important for us to consider when reviewing your application
* If you have a specific analysis plan, describe the methods you will be using
* What staff or other stakeholders will be involved *(this can be provided as a narrative and/or integrated into the table)*

Click or tap here to enter text.

|  |  |
| --- | --- |
| Time Period | Major Activities*Please use bullets* |
| Prior to Project (**OPTIONAL:** include information about the collection of the data you will be analyzing or anything else you would like to share) |  |
| Month 1-3 |  |
| Month 4-6 |  |
| Month 7-9 |  |
| Month 10-12 |  |
| After Project (**OPTIONAL:** include information about how you plan to use the findings of your data analysis activities after the project) |  |

**24. Sustainability** *(****Optional*** *for applicants that ONLY selected Priority B in response to Question 19)*

Describe how you will sustain the data analysis processes established or enhanced through this project (30-150 words)

Click or tap here to enter text.