

# NACCHO

National Association of County & City Health Officials

**REQUEST FOR APPLICATIONS**

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

**National Association of County and City Health Officials (NACCHO)**

**Release Date: November 29, 2021**

**Due Date: January 13, 2022**

For questions about the Request for Applications (RFA), contact Kat Kelley, Senior Program Analyst, HIV, STI, & Viral Hepatitis, at [kkelley@naccho.org](mailto:kkelley@naccho.org).

## SUMMARY INFORMATION

**Project Title:** Advancing Harm Reduction through Data Analysis & Evaluation

**Application Due Date and Time:** January 13, 2022, at 11:59 PM PT

**Selection Announcement Date:** February 2022

**Source of Funding:** Centers for Disease Control and Prevention

**Notice of Award No.:** 5 NU38OT000306-04-00

**Funding Amount:** Up to \$90,000

**Estimated Period of Performance:** 12 months, beginning on date of contract execution<sup>1</sup>

**Point of Contact for Questions Regarding this Application:** Kat Kelley, Senior Program Analyst, HIV, STI, & Viral Hepatitis ([kkelley@naccho.org](mailto:kkelley@naccho.org))

## BACKGROUND

With support from the Centers for Disease Control and Prevention (CDC) and in partnership with the University of Washington (UW), the National Association of County and City Health Officials (NACCHO) is pleased to offer a **funding opportunity to syringe services programs (SSPs) to support and build capacity for data analysis and evaluation at SSPs**. The funding opportunity is also designed to support SSPs in using data for program and policy improvement, identify lessons learned and best practices for the field, and identify models and best practices for data analysis at SSPs of varied capacity.

### *About NACCHO & UW*

NACCHO is a leader, partner, catalyst, and voice for the nearly 3,000 local health departments (LHDs) across the country. These city, county, metropolitan, district, and tribal health departments work to protect and improve the health of all people and all communities. NACCHO provides technical and capacity-building resources that support LHDs and their local partners in developing and implementing public health policies and practices to promote the health, safety, and well-being of their communities. Additionally, NACCHO engages with federal policymakers on behalf of LHDs to ensure adequate resources, appropriate public health legislation, and sensible policies are in place to address the myriad public health challenges facing communities.

The Supporting Harm Reduction Program (SHaRP) at UW is part of the CDC's Harm Reduction Technical Assistance Program. The SHaRP team at UW specializes in providing technical assistance for collecting data to inform planning, implementation, and evaluation at SSPs. Examples of technical assistance that the SHaRP team provides include: administering point-in-time surveys, setting up data collection systems, analyzing data, and implementing qualitative methods. The SHaRP program at UW will work closely with NACCHO to provide technical assistance to SSPs funded through this project.

### *About SSPs*

SSPs are community-based prevention programs that can provide a range of services, including linkage to substance use disorder treatment; access to and disposal of sterile syringes and injection equipment;

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<sup>1</sup> The project period shall begin upon both parties' full execution of the contract and will end 12 months later, contingent on CDC approving a no-cost extension.

and vaccination, testing, and linkage to care and treatment for infectious diseases. LHDs are key partners in this work: many provide funding or support to local SSPs or directly implement SSPs. SSPs are safe, effective, and cost-saving: they directly reduce the transmission of HIV and viral hepatitis, do not increase substance use or crime, and often act as one of the few entry points for people who use drugs PWUD to access needed health and social services by providing or connecting clients to overdose prevention, substance use treatment, housing, and other services. For additional information on the safety and effectiveness of syringe services programs, visit [here](#).

#### *Need for Data Analysis & Evaluation Support at SSPs*

Despite decades of research demonstrating their safety and effectiveness, SSPs remain underfunded and are often not integrated into public health systems. Many SSPs have limited capacity to collect and use data. There has been little federal and state investment in public health surveillance to document the health of people who use drugs, resulting in insufficient data at the national level to characterize SSP coverage and services and inequities in access to SSPs.

In addition to capacity concerns, SSPs face various barriers to data collection that can make data analysis and evaluation more challenging. Due to the criminalization of substance use and the associated stigma, many PWID express concerns regarding privacy and confidentiality and may be hesitant to provide personal information. Specific populations of PWID may face additional barriers: PWID of color, and in particular, Black and Indigenous PWID, may have concerns about participating in research-related activities due to historic and ongoing racism and discrimination within the public health and healthcare systems and unethical medical experimentation on Black, Indigenous, and other people of color. SSPs may also face challenges in collecting information about the populations and jurisdictions they serve, recognizing that the criminalization and stigmatization of substance use has resulted in high rates of unstable housing and homelessness among PWID. Additionally, the data collection process can be stigmatizing or even traumatizing for LGBTQ+ PWID, especially if data collection tools are not affirming of diverse gender identities, sexual orientations, and sexual practices (e.g., in the case of data collection related to HIV risk and prevention). Notably, participation in data collection activities or disclosure of personal information should never be a requirement for access to SSPs.

Many SSPs have insufficient capacity to conduct data analysis and evaluation. Data analysis activities may also be structured to meet the requirements of their funders and other stakeholders, rather than for program improvement. Consequently, there is a need to support data analysis and evaluation to enable SSPs to adapt, target, and strengthen programs and services to best meet the needs of their clients and communities. For example, data analysis and evaluation can help SSPs characterize their clientele or community to better serve their needs, assess the quality and acceptability of services for program improvement, evaluate the impact of specific services or strategies to inform prioritization and allocation of resources, and identify and address gaps in service provision. SSPs can also conduct data analysis and evaluation activities to demonstrate their impact or address community concerns or opposition to harm reduction, which can be useful when applying for funding, strengthening community partnerships, or influencing local policies and regulations.

This funding opportunity is intended to support and build capacity for data analysis and evaluation at SSPs, focusing on using data for program and policy improvement and identifying lessons learned and

best practices for the field and models and best practices for data analysis at SSPs of varied capacity. For this RFA, data analysis and evaluation include activities to digitize, extract, clean, review, synthesize, analyze, use, and share data.

## OVERVIEW

NACCHO will issue contracts of up to \$90,000 to SSPs to support data analysis and evaluation activities. Recognizing the heterogeneity of potential projects funded through this RFA, funding requests should be commensurate with the scope of the project. See *Eligibility & Contract Terms* for additional information regarding eligible SSPs; *Project Goals & Activities* for additional information regarding allowable data analysis and evaluation projects; and the budget guidance for additional information regarding allowable expenses.

Applications must be submitted by January 13, 2022, at 11:59 PM PT. See *Application Instructions & Form* for additional information. NACCHO will host an informational webinar and office hours to support and answer questions from applicants (see *Key Application Dates* below).

## KEY APPLICATION DATES

Please note the following deadlines and events for this application:

Event	Date/Time
<b>Informational Webinar</b>	Monday, December 13 <sup>th</sup> at 1 – 3 PM ET  <i>The first hour of the webinar will focus primarily on this RFA. The second hour will focus primarily on an <a href="#">associated RFA focused on the implementation of point in time surveys at SSPs</a>.</i>
<b>Office Hours</b>	<i>During the following three office hours, NACCHO and UW will answer questions about this RFA as well as an <a href="#">associated RFA focused on the implementation of point in time surveys at SSPs</a>.</i> <ul style="list-style-type: none"> <li>• Tuesday, December 14th at 3 – 4 PM ET</li> <li>• Thursday, December 16th at 1 – 2 PM ET</li> <li>• Monday, December 20th at 2 – 3 PM ET</li> </ul> <i>During the following office hours, NACCHO and UW will only answer questions about this RFA:</i> <ul style="list-style-type: none"> <li>• Monday, January 10th at 2 – 3 PM ET</li> </ul>
<b>Application Deadline</b>	January 13, 2022, at 11:59 PM PT
<b>Anticipated Notification Date</b> <sup>2</sup>	February 2022

<sup>2</sup> Finalists for funding will be notified in February 2022, however, awards will be contingent on applicants' ability to meet NACCHO's contract terms and may be contingent on budget revisions.

<b>Project Period</b>	12 months, beginning on date of contract execution <sup>3</sup>
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**Informational Webinar:** NACCHO will host an informational webinar for potential applicants on Monday, December 13<sup>th</sup> at 1 – 3 PM ET. The first hour of the webinar will focus primarily on this RFA. The second hour will focus primarily on an [associated RFA focused on the implementation of point in time surveys at SSPs](#). Questions may be asked during the webinar but those submitted in advance to Kat Kelley ([kkelley@naccho.org](mailto:kkelley@naccho.org)) by 11:59 PM PT on Friday, December 10<sup>th</sup> will be prioritized. To register for the webinar, visit [here](#).

**Office Hours & FAQ:** Frequently asked questions about the RFA can be accessed [here](#). NACCHO and UW will also host office hours during the times listed in the table above to answer questions about the RFA. The FAQ will be updated at least weekly with questions submitted via email to Kat Kelley ([kkelley@naccho.org](mailto:kkelley@naccho.org)) or asked during the webinar or office hours.

Office hours will be held via Zoom—applicants should use [this link](#) to join at the listed times. Organizations can register [here](#) for one of four spots during each office hours session which will give them priority to discuss their specific questions directly with members of the NACCHO and UW team—although other office hour participants may be present unless the applicant explicitly requests the desire for a private conversation. If applicants do not register or are unable to register (i.e., because there are no spots left), their questions will be addressed after those who registered and in the order in which they joined office hours. Use [this link](#) to join office hours.

## **ELIGIBILITY & CONTRACT TERMS**

**Eligible Organizations:** This funding opportunity is open to local health departments (LHDs) or non-profit community-based organizations that operate syringe services programs or LHDs that submit a Letter of Support from at least one SSP in their community that explains how the applicant and SSP(s) will work together to implement project activities. LHDs, SSPs, and other local partners are encouraged to work together or to demonstrate how their work will benefit one another (e.g., how the LHD will support SSP M&E or how the LHD will use SSP M&E data).

**Eligible Jurisdictions:** In accordance with congressional appropriations language, the US Department of Health and Human Services, including CDC, can provide support to SSPs—with the exception that funds may not be used to purchase needles or syringes—that are in jurisdictions experiencing or at-risk of significant increases in hepatitis infections or an HIV outbreak due to injection drug use. At this time, 44 states and DC, 1 tribal nation, and 1 territory have consulted with CDC and received a determination of need, making them eligible for federal funding for SSPs. **Consequently, SSPs in the remaining 6 states—Arkansas, Kansas, Mississippi, Nebraska, Texas, and South Dakota—are not eligible for this funding opportunity.** If your organization operates in one of these six states, you can reach out to Kat Kelley, Senior Program Analyst, HIV, STI, & Viral Hepatitis ([kkelley@naccho.org](mailto:kkelley@naccho.org)), who can connect you to individuals that can support your jurisdiction in obtaining a determination of need to ensure you are

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<sup>3</sup> The project period shall begin upon both parties’ full execution of the contract and will end 12 months later, contingent on CDC approving a no-cost extension.

eligible for future funding and technical assistance opportunities. For additional information about the determination of need requirement and process, visit [here](#).

**Contract Timeline & Terms:** Applicants should plan for 12 months of project implementation.<sup>4</sup> Projects will begin on the date of contract execution. NACCHO will pay the selected sites upon receipt of deliverables per the payment schedule identified in the scope of work contained in the contract (see draft deliverable and invoicing schedule under *Project Requirements & Deliverables*). Please note that NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary. NACCHO standard contract language can be found [here](#), and applicants should review all terms and conditions to determine acceptability prior to submitting a proposal. Submission of an application will also be considered agreement with CDC's General Terms and Conditions as stated [here](#).

## **PROJECT GOALS & ACTIVITIES**

The primary goal of this funding opportunity is to (1) support and build capacity for data analysis and evaluation at SSPs; (2) support SSPs in using data for program and policy improvement and to inform future technical assistance opportunities; (3) identify lessons learned and best practices for the field; and (4) identify models and best practices for data analysis at SSPs of varied capacity.

Applicants will be asked to select one of the following objectives as their **primary** priority for the project:

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

Example projects and activities may include but are not limited to the following:

- A. Establish or enhance and implement processes for routinely and sustainably analyzing program data
  - o Design and execute a plan outlining priorities, timelines, staff roles, etc. for routine data analysis
  - o Design and execute internal protocols for data digitizing, cleaning, and analyzing qualitative and quantitative data
  - o Design and execute automated reporting mechanisms or other features to support data analysis that are available within the SSP's existing software system
  - o Design and execute a dashboard within or connected to the SSP's existing software system
  - o Develop templates for routine quality assurance, data analysis, and reporting
  - o Expanding or complementing existing, routine data analysis processes (e.g., if the applicant normally analyzes certain data for funders and would like to use this project to analyze other data for other purposes)

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<sup>4</sup> The project period shall begin upon both parties' full execution of the contract and will end on September 29, 2022, contingent on CDC approving a no-cost extension.

- Analyzing existing qualitative program data or integrating qualitative analysis into routine data analysis processes
  - Establish a committee of staff, clients and/or other stakeholders responsible for reviewing data on a regular basis
  - Pilot and implement the established or enhanced processes for routinely and sustainability analyzing program data
  - Develop data visualizations, web-based interactive dashboards or maps, presentations for stakeholders, reports, and/or toolkits with program data
  - Develop or strengthen partnerships with public health, academic, or other partners with expertise in data analysis
- B. Conduct a specific data analysis or evaluation project on a one-time or periodic basis to answer a specific evaluation question
- Evaluating the impact of a specific project or strategy (e.g., secondary syringe exchange)
  - Analyzing program data to determine how well the SSP is meeting the needs of a specific population (e.g., Black, Indigenous, and other clients of client; LGBTQ+ clients, sex workers)
  - Comparing certain client-level data with publicly available datasets to better understand service area and gaps
  - Developing data visualizations, web-based interactive dashboards or maps, presentations for stakeholders, reports, and/or toolkits with a specific dataset or combining multiple datasets

Please note that some of the activities above may be relevant to projects addressing either priority, depending on the scope of the data analyzed. While projects can address multiple priorities, projects, or activities above, applications will be scored based on whether they can be realistically and feasibly achieved within the implementation timeline.

**The data that will be analyzed through this project must be collected prior to the project start date.** Projects can include a) quantitative data analysis or b) mixed methods, with both quantitative and qualitative data, but they cannot exclusively leverage qualitative datasets.

## **PROJECT REQUIREMENTS & DELIVERABLES**

Funded organizations will be required to complete the following activities:

- Participate in calls with NACCHO, UW, and other funded sites including:
  - Kick-off call with all funded sites
  - Initial planning call with NACCHO and UW to discuss project plan and identify technical assistance needs
  - Mid-project call with other funded sites to share updates, challenges, lessons learned
  - End of project call with other funded sites to share successes, lessons learned, and findings of data analysis activities

- *Additional optional calls with NACCHO, UW, and/or funded sites to provide technical assistance or facilitate peer learning and engagement will be available based on funded sites' reported needs and interests*
- Participate in cross-project evaluation activities including but not limited to:
  - Pre-project survey or interview
  - Post-project survey or interview
- Develop implementation plans and reports:
  - Complete draft and final data analysis plan detailing project goals, approach, timeline, and staff, stakeholder, and client roles and engagement (*NACCHO will provide a template and guidance*)
  - Mid-project progress report
  - Complete draft and final data analysis report summarizing project implementation, including challenges and successes, and findings and recommendations resulting from the data analysis activities (*NACCHO will provide a template and guidance*)

The table below details the anticipated deliverable and invoicing schedule. NACCHO reserves the right to make changes prior to contract execution.

<b>Invoice Period</b>	<b>Activity</b>	<b>Deliverables</b>	<b>Deadline</b>	<b>% of Total Award</b>
<b>1<sup>st</sup> Invoice</b>	Cross-site kick-off call	Attendance at kick-off call	1 month after contract execution	5%
All deliverables from Notice of Award to 1 month after contract execution	Individual site planning call with NACCHO, UW	Participate in individual site planning call with NACCHO, UW	1 month after contract execution	5%
	Pre-project evaluation	Participate in pre-project survey or interview	1 month after contract execution	10%
	Develop draft data analysis plan	Draft data analysis plan and procedures	1 month after contract execution	15%
<b>2<sup>nd</sup> Invoice</b>	Submit final data analysis plan, incorporating NACCHO & UW feedback	Final data analysis plan and procedures	3 months after contract execution	10%
<b>3<sup>rd</sup> Invoice</b>	Mid-project cross-site call	Participation in mid-project cross-site call	6 months after contract execution	5%
<b>4<sup>th</sup> invoice</b>	Continue implementing activities identified in data analysis plan	Mid-project progress report summarizing implementation to-date	7 months after contract execution	15%

during months 7-9 of project				
<b>5<sup>th</sup> Invoice</b>	Develop draft data analysis report	Draft data analysis report	10 months after contract execution	15%
All deliverables conducted during months 10-12 of project	Submit final data analysis report, incorporating NACCHO & UW feedback	Final data analysis report	12 months after contract execution	5%
	End of project cross-site call	Participate in end of project cross-site call	12 months after contract execution	5%
	Post-project evaluation	Participate in post-project survey or interview	12 months after contract execution	10%

**SUPPORT & TECHNICAL ASSISTANCE**

NACCHO and UW will provide ongoing support to awardees in the form of:

- Provision of technical assistance via conference calls and/or webinars to facilitate project planning and implementation
- Facilitation of peer-to-peer calls with other awardees or other LHDs and SSPs
- Partnership building support, including connection to LHDs, academic institutions, or other national, state, or local stakeholders
- Provision of templates and guidance to support completion of deliverables

**APPLICATION INSTRUCTIONS & FORM**

To apply for this funding opportunity:

- Complete the form below by downloading it as a [Word](#) document
- Complete the [budget template](#) and [budget narrative template](#). See the [budget guidance](#) provided for additional instructions on developing the budget and budget narrative.
- Submit all documents required for a complete contracting package, including:
  - [Contract cover sheet](#)
  - [Certificate of Non-debarment](#)
  - [FFATA form](#) (*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](#)
  - [W9](#)
  - 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](mailto: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.
3. **Address:** Click or tap here to enter text.

### **Primary Point of Contact for Project**

4. **Name (First, Last):** Click or tap here to enter text.
5. **Title:** Click or tap here to enter text.
6. **Email Address:** Click or tap here to enter text.
7. **Phone Number (Optional):** Click or tap here to enter text.

### **Lead Finance Contact**

8. **Name (First, Last):** Click or tap here to enter text.
9. **Title:** Click or tap here to enter text.
10. **Email Address:** Click or tap here to enter text.
11. **Phone Number (Optional):** Click or tap here to enter text.

### **Organization Information**

#### **12. 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.

#### **13. 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.

**14. Total Organizational Budget:**

*Current fiscal year, rounded to nearest dollar*

Click or tap here to enter text.

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

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

Click or tap here to enter text.

**16. 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.*

**17. 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.

**18. 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.

**19. 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.

**20. 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.

**21. 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 <i>Please use bullets</i>
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Prior to Project ( <b>OPTIONAL:</b> 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 ( <b>OPTIONAL:</b> 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.

### SELECTION CRITERIA

NACCHO and UW will review and score application forms in accordance with the following criteria (out of 60 points).<sup>5</sup>

- **Goals and Impact** (30 points): The proposed project aligns with the goals and scope of this RFA. This includes:
  - The applicant’s selected priority(ies) and proposed goals, approach, and activities are aligned with one another and with the goals of this RFA
  - The applicant’s proposed approach and activities are likely to achieve their proposed goals and the goals of this RFA
  - The proposed project will be sustainable (Applicants with stated priority [A])
  - The proposed project will have a significant, beneficial impact
- **Realistic and Feasible** (20 points): The proposed project is realistic and feasible. The applicant has the capacity to conduct the project, including sufficient personnel with appropriate skills.<sup>6</sup> By the start of the project, the applicant will have collected the data to be analyzed. The data the applicant describes will be collected prior to the start of the project and can help them answer the questions they are interested in.

<sup>5</sup> Applicants may also be asked to participate in a brief interview with NACCHO and/or UW staff if additional information is needed to score their application.

<sup>6</sup> If the applicant is a finalist for more than one NACCHO harm reduction M&E funding opportunity, NACCHO may reach out to the applicant to confirm their capacity to conduct multiple M&E initiatives within a similar time period.

- **Client Engagement and Equity** (10 points): The project is informed by client engagement and/or equity considerations; will enable the organization to more meaningfully engage clients and/or advance equity; will involve meaningful client engagement.<sup>7</sup>

If application scores are close, the following factors may be considered or further prioritized:

- Geographic representation of selected sites
- Distribution of sites across the priorities
- Ability of proposed project to generate models and best practices for data analysis and lessons learned for the field
- Innovation

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<sup>7</sup> Black, Indigenous, and other people of color have been inequitably impacted by HIV, viral hepatitis, overdose, and the criminalization and substance use in the United States. However, other factors can affect someone's risk for substance use related harms or access to harm reduction services, including gender identity, sexual orientation, age, or housing, employment, or disability status. The importance of these factors may also vary between jurisdictions depending on demographics or the landscape of harm reduction services. Consequently, applicants are encouraged to think about which populations have been disproportionately impacted by substance use related harms or which populations are underserved by harm reduction services in their communities.