

Application Form: Building Capacity for Harm Reduction Monitoring & Evaluation

To apply for NACCHO's [Building Capacity for Harm Reduction Monitoring & Evaluation](#) request for applications, complete this form and submit it using the following instructions:

- **Submission:** Email application form and attachments to Kat Kelley, Senior Program Analyst, HIV, STI, & Viral Hepatitis (kkelley@naccho.org), using the subject line: "RFA Submission – Building Capacity for Harm Reduction Monitoring & Evaluation"
- **Deadline:** Friday, May 21, 2021 at 11:59 PM PT
- **Include:**
 - Application form (below)
 - [Budget template](#) and narrative (see "Planned Activities and Use of Funds" in this form)
 - [Contract Cover Sheet](#)
 - [Vendor Information Form](#)
 - [Certification of Non-Debarment](#)
 - [W-9](#)
 - [FFATA data collection form](#)
 - Optional: Letters of Support from partner organizations

Contact Kat Kelley, Senior Program Analyst, HIV, STI, & Viral Hepatitis (kkelley@naccho.org), with any questions.

Organization

1. **Name:**

2. **Type:**

Community-based organization

Local health department

Other, please describe:

3. **Address:**

Primary Point of Contact for Project

4. **Name (First, Last):**

5. **Title:**

6. **Email Address:**

7. **Phone Number (Optional):**

Lead Finance Contact

8. Name (First, Last):

9. Title:

10. Email Address:

11. Phone Number (Optional):

Sponsored SSP

Please complete this section ONLY if you are applying as a Fiscal Sponsor of an SSP. Fiscal sponsors are 501(c)(3) organizations that will provide administrative and financial services and oversight and that will directly receive funding from NACCHO and administer it to SSP(s).

12. SSP Organization Name:

13. SSP Address:

14. SSP Point of Contact Name:

15. SSP Direct Phone Number:

16. SSP Email Address:

Organization Information

17. Organization Overview (50 – 250 words):

Please provide an overview of your organization, including information such as your mission, whether your SSP/harm reduction program is standalone or integrated into a larger organization, mobile or brick and mortar, 1:1 or needs based, and any other relevant information that will not be addressed elsewhere in this application.

18. SSP Operation Start Date:

Indicate the year your SSP opened. If it opened during or after 2019, provide the month as well. If there have been periodic closures, provide the total/approximate operating time (number of years, months) and the

latest start date, i.e., the date from which the SSP has been continuously operating. Please also indicate if there are separate unofficial and official start dates.

19. Geographic Area Served:

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

20. Total Organizational Budget:

Current fiscal year, rounded to nearest dollar

21. Annual SSP/Harm Reduction Budget:

This may be the same amount as your total organizational budget

22. Characterize the number and capacity of staff and volunteers that support your program, including:

- The total number of paid staff:
- The total number of paid, full-time equivalents (FTEs)*:
- The total number of volunteers:
- Will this project be implemented by existing staff and volunteers? If not, please indicate how many staff and/or volunteers you intend to hire and/or recruit and how you plan to identify these people (10 – 100 words):

**For 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.*

23. Number of Unique SSP/Harm Reduction Clients – Annually (last 12 months or last calendar year):

If you are unsure, please provide an estimate and add “(estimate)” after the number

24. Harm Reduction Hours:

Approximately how many hours per week does your program provide syringe and harm reduction services?

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

Distribution of syringes and other injection equipment

Syringe disposal

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

Hepatitis services, please describe:

HIV services, please describe:

STI services, please describe:

Medication assisted treatment or referrals

Referrals to social services (e.g., housing, legal, employment)

Other, please describe:

26. Community and Client Profile (200 – 600 words):

Please characterize your community and/or clients, including:

- Client demographics (race, ethnicity, gender identity, age, housing status, disability status, and any other relevant information)
- HIV, hepatitis C, and fatal and non-fatal overdose rates or trends
- Substance use practices (e.g., Which substances do your clients prefer? Do they prefer to inject, smoke, or snort?)
- Emerging substance use trends, if applicable

27. Client Engagement and Equity (100 – 300 words):

How does your organization meaningfully engage people who use drugs and prioritize the needs of people who are disproportionately impacted by substance use related harms. This can include:

- SSP clients;
- People who use drugs in your community (not limited to clients);
- Populations disproportionately impacted by substance use related harms (e.g., HIV, viral hepatitis, overdose, or substance use criminalization) in your community; and/or
- Populations underserved by harm reduction services in your community

28. What are the greatest strengths/successes and weaknesses/challenges of your SSP? (100 – 300 words):

Project Information

29. Name:

Propose or provide name of project you are looking to fund. If no specific project, write "General M&E Support" here.

30. Amount requested:

Applicants can request up to \$98,750 and will not be scored based on the size of their request.

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

We don't collect any data

We are just getting started with data collection

We collect data at intake/enrollment

We collect data at each client encounter; data are linked to individual clients (e.g., using a client code/identifier)

We collect data at each client encounter; data are not linked to individual clients

We conduct periodic or ad-hoc surveys or studies

32. Project Priorities (Select up to three answer choices, ranking them from 1 to 3 with 1 being your biggest priority):

Ranking	Priority
	We are interested in improving our routine data collection efforts (e.g., data collection at intake/enrollment or at each client encounter)
	We are interested in conducting periodic, qualitative, and/or complementary data collection
	We are interested in improving our data management processes (e.g., by purchasing equipment or software or developing a database)
	We are interested in expanding or enhancing how we analyze, evaluate, report, or use data
	We are interested in conducting activities to increase buy-in or strengthen partnerships to promote or strengthen SSP M&E or the use of data

33. Planned Activities and Use of Funds (300 – 1000 words):

Based on the priorities selected in the previous question, please describe your goals for this project, how you plan to achieve those goals, and how you plan to spend the requested funds.

- For each priority selected in Question 32, consider the following questions. You do not need to answer each question for each priority or in this order, however it will be important to explain what you would like to do and what you would like to achieve for each priority:
 - What changes would you like to make to existing M&E practices or systems?
 - What new M&E practices or systems would you like to implement?
 - How will this project change the way you use M&E data?
 - What do you hope to achieve through this project? If there are any activities that can't be sustained after termination of the project/funding, how will you sustain the *impact* of these activities on your program?
 - Do you anticipate any challenges or barriers that might impact this work?
- After reviewing “Use of Funding” below, please complete and attach (1) NACCHO’s [budget template](#) and (2) provide a justification for your expected costs in a budget narrative (approximately .5 – 2 pages).

Use of Funding: Funding should be used for reasonable program purposes, such as to support costs for personnel, IT equipment or software, travel, training, educational materials, and contractual support for monitoring and evaluation or health information systems enhancements. Funds may be used to support full-time employees with the organizational capacity to conduct and oversee program activities as well as part-time or temporary staff. Funding may not be used for clinical care (except as allowed by law), research, or incentives for participating in data collection activities. For additional information, see a list of Funding Restrictions in the [Contract Cover Sheet](#).