**Application Form**

**Use of Learning Collaborative Model to Build Capacity of Syringe Services Programs to Conduct Point in Time Surveys**

To apply for this funding opportunity:

* Complete the form below by downloading it as a Word document
* Complete the [budget template](https://www.naccho.org/uploads/body-images/PiT_Updated-harm-reduction-budget-template_22nov2021.xlsx) and [budget narrative template](https://www.naccho.org/uploads/body-images/PiT_Budget-Narrative-Template_22nov2021.docx) using the [budget guidance](https://www.naccho.org/uploads/body-images/Budget-Guidance_PiT-RFA_22nov2021_211129_194114.docx)
* Complete the contracting package, including:
	+ [Contract cover sheet](https://www.naccho.org/uploads/body-images/Contract-Cover-Sheet_PiT-RFA.docx#asset:375796: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)
* Optional: Attach Letter of Support from data analysis partner, if applicable
* Submit the application form, budget and budget narrative, and contracting package by January 6, 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 – Use of Learning Collaborative Model to Build Capacity of Syringe Services Programs to Conduct Point in Time Surveys.” 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/harm reduction program 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 reference the staffing model in Appendix A and comment on how you will utilize existing staff and volunteers, and if you anticipate recruiting additional staff and/or volunteers. (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**

*The purpose of this question is to get a sense of the total number of individuals who might be eligible to participate in your SSP’s PiTS. However, your application will not be evaluated on program size. 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**

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

[ ]  **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**

[ ]  **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.

**Project Information**

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

[ ]  **We don’t collect any data**

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

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

[ ]  **We conduct routine PiTS at specific intervals**

1. **Please describe past experience with PiTS, if applicable (Up to 250 words):**

Click or tap here to enter text.

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

[ ]  **We don’t have any experience analyzing data**

[ ]  **We have used spreadsheet software (e.g., Excel) to analyze data**

[ ]  **We utilize a database that has data analysis features built in**

[ ]  **We have used statistical software (e.g., STATA, SAS, SPSS) to analyze data**

[ ]  **We have someone on our team whose responsibilities include data analysis**

[ ]  **We have a partnership with a local health department (LHD) or academic institution that supports data analysis**

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

1. **Please briefly describe current data analysis efforts (100 – 250 words):**

Click or tap here to enter text.

1. **Project Plan and Impact**
2. **Implementation & Participation in Learning Collaborative (250 – 500 words):**
	* Please describe anticipated data collection approach including expected survey platform (e.g., Qualtrics, REDCap, etc.), survey participant recruitment strategies based on service delivery model, and survey implementation plan (including duration of data collection and a description of staffing model. See Appendix A for a sample of project roles).
	* Please describe anticipated ability to meet timeline set forth by the Learning Collaborative schedule outlined in the Project Requirements section of the RFA.
	* Please explain your interest in participating in a Learning Collaborative and why you think the Learning Collaborative structure might benefit your organization.

Click or tap here to enter text.

1. **Pre-survey Communication Plan (50 – 250 words):**

*Please describe anticipated efforts to communicate PITS implementation plans with clients to ensure buy-in.*

Click or tap here to enter text.

1. **Anticipated Impact (300 – 750 words):**

*Please describe your goals for this project and how you plan to achieve those goals.* *Consider the following questions.*

* How will this project improve your understanding of the **characteristics** of your client population?
* How will this project address **gaps** in existing SSP data?
* How will this project change the way you **collect** client-level data?
* How will this project change the way you **utilize** client-level data?
* What do you hope to **achieve** through this project?
* Do you anticipate any **challenges or barriers** to implementation of this project?

Click or tap here to enter text.

1. **Dissemination of Findings (100 – 250 words):**

*Please describe your plan for disseminating and communicating findings from your PiTS to SSP clients and the broader community, if applicable.*

Click or tap here to enter text.