# Application Form

**Evaluating the Distribution of Smoking Supplies as a Harm Reduction Strategy**

To apply for this funding opportunity:

* Complete the **Application Form** below
* Complete the [**Budget Template**](https://www.naccho.org/uploads/downloadable-resources/Updated-Budget-Template-and-Instructions.xlsx) and [**Budget Narrative**](https://www.naccho.org/uploads/downloadable-resources/Budget-Narrative-Template-Final.docx). If you plan to offer incentives to participants (e.g., for participating in surveys, focus groups), you will also need to review, complete, and submit the [**Gift Card and Incentive Approval Form**](https://www.naccho.org/uploads/downloadable-resources/Gift-Card-and-Incentive-Approval-Form.docx). See the [Budget Guidance](https://www.naccho.org/uploads/downloadable-resources/Budget-Guidance_22June2023.docx) for additional instructions on completing the Budget Template and Budget Narrative.
* Complete all documents required for a complete **contracting package**, including:
  + [Contract Cover Sheet](https://www.naccho.org/uploads/downloadable-resources/Contract-Cover-Sheet_contract_Smoking-Supplies-RFA.docx)
  + [Certification of Non-debarment](https://www.naccho.org/uploads/downloadable-resources/Certification-of-Non-Debarment_2023-01-03-181528_mkkp.pdf)
  + [FFATA Form](https://www.naccho.org/uploads/downloadable-resources/FFATA-Data-Collection-Form-updated_2022-09-26-175340_ciwj.pdf)
  + [Vendor form](https://www.naccho.org/uploads/downloadable-resources/Vendor-Form_2023-02-01-210724_txht.pdf)
  + [W9](https://www.naccho.org/uploads/downloadable-resources/W-9-Blank_2023-01-03-181619_hnlw.pdf)
  + Proof of active registration with SAM.gov *(see question 4 in the Contract Cover Sheet)*
  + If applicable, proof of fringes and/or indirect costs (if higher than 10%) in the budget *(see the Contract Cover Sheet and Budget Guidance documents for more information)*
  + If applicable, letters of support from partner organizations
* Submit the Application Form, Budget Template, Budget Narrative, and Contracting Package by Friday, October 13th, 2023, at 11:59 PM PT by emailing [kkelley@naccho.org](mailto:kkelley@naccho.org) with the subject line “Submission – Evaluating the Distribution of Smoking Supplies as a Harm Reduction Strategy”

*Additional information is available* [*here*](https://www.naccho.org/blog/articles/naccho-releases-new-funding-opportunity-to-evaluate-smoking-supplies-distribution-as-a-harm-reduction-strategy)*. Contact Kat Kelley (*[*kkelley@naccho.org*](mailto:kkelley@naccho.org)*) with any questions.*

**Organization**

1. **Organization Name:** Click or tap here to enter text.
2. **Organization Type (select one):**

Local (county, city, multi-county/city) health department

State health department

Tribal health department

Community-based organization

Nonprofit healthcare clinic

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

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

**Organization Information**

1. **Summarize organization’s mission (two to three sentences):**

Click or tap here to enter text

1. **Characterize the geographic area served by your organization:**

Click or tap here to enter text.

1. **Total organizational budget, rounded to the nearest dollar (current or previous fiscal year – indicate which fiscal year):** Click or tap here to enter text.
2. **Total relevant program budget (i.e., Harm Reduction (HR) budget – clarify what program(s) the budget refers to (for example, is this for just your HR program or a broader program in which your HR program is situated):** Click or tap here to enter text.

**Harm Reduction Program Information**

1. **Indicate the HR services your organization provides (Select all that apply):**

Distribution of syringes and other injection equipment *(if your organization does not distribute syringes, you are not eligible for this funding opportunity)*

Syringe disposal

Secondary syringe exchange

Distribution of smoking equipment *(if your organization does not distribute smoking supplies, including pipes/glassware at minimum, you are not eligible for this funding opportunity)*

Distribution of other substance use equipment, please describe: Click or tap here to enter text.

Naloxone distribution

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

Drug checking, please describe: Click or tap here to enter text.

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. **Describe the smoking supplies your organization provides (Select all that apply):**

Bubble pipes (typically used for meth)

Straight pipes (typically used for crack)

Hammer pipes (typically used for heroin, fentanyl, or pressed pills)

Mouthpieces

Chore

Screens

Wooden sticks / push sticks

Acidifier, please describe: Click or tap here to enter text.

Foils

Straws

Hygiene supplies (e.g., alcohol swabs), please describe (please only indicate items that are specifically distributed for smoking or as part of smoking kits): Click or tap here to enter text.

Other, please describe (please only indicate items that are specifically distributed for smoking or as part of smoking kits): Click or tap here to enter text.

1. **Describe how smoking supplies are distributed, including whether they are pre-packaged into kits or whether participants pick and choose the type and quantity of supplies they want and if there are any limitations (e.g., on the # of pipes per participant per visit/day/week):** Click or tap here to enter text.
2. **Characterize the structure (e.g., standalone HR program; HR supplies distributed within broader program/clinic), modality (e.g., fixed site, mobile, outreach), and hours of your HR program and whether this varies for smoking supplies vs. other HR programs:** Click or tap here to enter text.
3. **Characterize the volume of smoking supplies distributed. Depending on the available data, this can be in terms of participants served, supplies distributed, # of visits conducted, etc.:** Click or tap here to enter text.
4. **Please describe the longevity of your program including: How long has your organization been operating? How long has your organization been distributing HR supplies? How long has your organization been consistently distributing smoking supplies? If smoking supplies distribution has not been consistent, please briefly describe the history/timeline:** Click or tap here to enter text.

**Staff and Partners**

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, if applicable: Click or tap here to enter text.
   * Please indicate whether this project will be staffed by existing or new staff/volunteers, consultants, etc. If you anticipate recruiting/hiring new personnel, please describe how you plan to do so. (50 – 150 words):

Click or tap here to enter text.

*\*For a total number of paid staff, indicate how many people work for your HR 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—including their experience with implementing the data analysis/evaluation methods that will be used as part of this project. *This should include all personnel included in your budget.* (50 – 200 words per staff member):**

Click or tap here to enter text.

1. **Characterize any key partners that will be involved in this project, if applicable:**

Click or tap here to enter text.

**Background**

1. **Please describe the need for smoking supplies in your community AND/OR among your participants. This could include public health or program data related to (200 – 500 words words):**
   * drug use (e.g., which drugs are used, how they’re used (injection, smoking))
   * health outcomes (e.g., overdose, HIV, hepatitis C, wounds)
   * equity considerations (e.g., are certain populations more likely to smoke than inject or use certain drugs that are commonly smoked vs. injected)
   * how these factors relate to smoking trends (e.g., are you seeing more people smoking in response to changes in the drug supply – *anecdotal evidence, e.g., based on staff or participant feedback, is acceptable)*

Click or tap here to enter text.

**Project/Evaluation Plan**

1. **Please describe your evaluation plan (300-700 words) including:** 
   * **Goals and Evaluation Question(s):** Please describe what you hope to learn from this project, including the*specific* questions you hope to be able to answer as a result of this project. See the *Goals, Activities, & Requirements* section of the RFA for example evaluation questions. You must propose at least one evaluation question. While you are encouraged to propose multiple evaluation questions, quality of evaluation questions is more important than quantity (i.e., evaluation questions that align with the goals of this RFA and that you can realistically answer during this project). Please describe your **evaluation question(s)** and describe why you want to answer them, including why this information might be useful to you, your stakeholders, or the harm reduction field.
   * For each evaluation question, describe your **methods and activities** including:
     + What existing data you will analyze AND/OR what data you will collect
       - Describe the topics and if possible, provide examples of key measures/indicators
       - Describe the quality/accuracy and quantity of these data (e.g., How many participants/encounters are represented in this data set? How many participants will be surveyed/interviewed?)
     + How you will collect and/or analyze the data
     + Any challenges related to your data or planned methodology for analysis/evaluation and how you might overcome them
     + Staff roles and involvement or partners and participants, if applicable
     + How you hope to disseminate your findings
       - If applicable, please indicate any concerns around bringing attention to your program, for example, if you’d prefer to work with NACCHO to disseminate your project findings in a way that doesn’t publicly identify your organization’s name or location
   * **Timeline** (complete the table below with *high-level* details, full sentences not required)

Click or tap here to enter text.

|  |  |
| --- | --- |
| **Time Period** | **Major Activities** |
| **December 2023 –**  **January 2024** *(depending on contract start date, this time period may be 1-2 months)* |  |
| **February – March 2024** |  |
| **April – May 2024** |  |
| **June 2024** |  |
| **Post-Project *(optional)*** |  |

1. **Challenges and Technical Assistance Needs:** Please describe any anticipated challenges and what type of support you would like from NACCHO and partners. NACCHO will work with all sites to refine their evaluation plan, but please indicate if there are any specific areas where you anticipate you will benefit from technical assistance (e.g., developing a survey, planning for a focus group, data analysis, dissemination strategies) (25-150 words)

Click or tap here to enter text.

1. **Equity & Engagement of People Who Use Drugs:** Please describe (25-150 words):
   * How your project is informed by meaningful engagement of people who use drugs;
   * How your project will meaningfully engage people who use drugs (e.g., in project planning, developing or piloting data collection instruments; interpreting, disseminating, or operationalizing project findings); AND/OR
   * How your project may advance health equity – either at your organization, in your community, or within the field:

Click or tap here to enter text.