



Opioid Harm Reduction 2020

Lead Organization Information

Year Organization Established*

Character Limit: 4

Lead Organization's Mission*

Character Limit: 300

Equity, Diversity and Inclusion*

Interact for Health provides funding and support to 20 counties in Greater Cincinnati with diverse communities, and is committed to expanding equity, diversity and inclusion among the grantees it funds. Interact for Health encourages organizations to be aware of their own experience with equity, diversity and inclusion.

How does your organization address equity, diversity and inclusion in its board composition, staffing and programming?

Character Limit: 1000

Lead Organization Service Area*

Character Limit: 250

Lead Organization's Primary Funding Sources*

Character Limit: 250

Lead Organization's Annual Budget*

Character Limit: 20

Lead Organization's Certification/Accreditation

Character Limit: 250

Lead Organization's Activities*

Please provide a list of of current programs and activities.

Character Limit: 250

Number of Clients Served by Lead Organization Annually*

Please provide the number of clients served annually.

Character Limit: 12

Number of Lead Organization's Staff Members*

Please provide the number of staff members (in full-time equivalencies [FTEs]).

Character Limit: 20

Fiscal Sponsorship*

Interact for Health is not able to make grants to unincorporated groups and non-governmental organizations that (1) do not have IRS recognition of their tax-exempt status under Section 501(c)(3) and (2) are not also classified as a public charity under either Section 509(a)(1) or 509(a)(2).

When issues occur, Interact for Health may be willing to work through a fiscal sponsor – an eligible organization willing to receive funding from Interact for Health that is used to support the project.

If you have questions about whether your organization is acting as a fiscal sponsor, please contact Senior Grants Manager Kristine Schultz at 513-458-6619 or kschultz@interactforhealth.org.

Is the Lead Organization acting as a fiscal sponsor for this project?

Choices

Yes

No

Sponsored Organization

Year Sponsored Organization Established*

Character Limit: 4

Sponsored Organization's Mission*

Character Limit: 300

Sponsored Organization's Service Area*

Character Limit: 250

Sponsored Organization's Primary Funding Sources*

Character Limit: 250

Sponsored Organization's Annual Budget*

Character Limit: 20

Sponsored Organization's Activities*

Character Limit: 250

Sponsored Organization's Staff Members*

Please provide the number of paid and unpaid staff members (in full-time equivalencies [FTEs]).

Character Limit: 250

Sponsored Organization's Disclosures Form*

Please download a [Disclosures Form](#). It may be helpful to consult our [Board of Directors](#) list while completing the form.

After the Disclosures Form has been completed and signed by an authorized signer for the Sponsored Organization, please upload the document below.

Use the text box below for any explanations of any disclosures.

Character Limit: 1000 | File Size Limit: 1 MB

Fiscal Sponsorship Agreement*

Please read Interact for Health's [Fiscal Sponsorship Policy](#).

If you have a completed and signed Fiscal Sponsorship Agreement, please upload the file below. If you have not yet completed an agreement, please explain where the organizations are in the process of developing one.

Character Limit: 250 | File Size Limit: 2 MB

Project Information

Project Title*

Character Limit: 100

Statement of Problem, Opportunity or Need*

Identify and describe how the opioid epidemic has affected your community or your population of focus. When possible, include relevant local data to support your statement.

Character Limit: 2000

Proposed Project*

Describe the proposed project or program, including anticipated activities, planning efforts (if applicable) and intended timeline.

If applicable, please include within this description how the proposed project or program will:

- reach people most at risk for opioid overdose or death.
- include new or innovative approaches to connect with hard-to-reach populations through targeted outreach or other methods.
- adopt an authentic method of receiving input and feedback from people who use the services.

Character Limit: 6000

Population of Focus*

Describe the specific population of focus for **this project**, including age, ethnicity, race, income, and if applicable, sexual orientation. Please describe how your organization plans to work in communities of color and communities whose residents have lower income, as appropriate to the geographic area.

Character Limit: 1000

Number of People Reached*

How many people do you anticipate reaching with this project?

Character Limit: 10

Geographical Area*

Describe the geographical area of focus of **this project**.

Character Limit: 250

Goal and Outcomes*

Describe the goal and proposed outcomes of the project. If applicable, what metrics are available to track the progress of the project?

Character Limit: 1000

Collaborators*

Describe existing relationships or the ability to engage key decision-makers, public health officials, community partners and potential clients in the planning, implementation or expansion process.

Character Limit: 1500

Capacity and Related Experience*

Describe your organization's capacity to lead this project. Describe your organization's previous experience with similar projects and/or the population of focus.

Character Limit: 1000

Project Duration*

Please enter the anticipated duration of your project in months (most will be 12 to 18 months).

Character Limit: 2

Anticipated Project Start Date

Character Limit: 10

Site Visit Availability*

Before selecting projects for funding, Interact for Health staff will conduct a site visit with the lead organization. Representatives from collaborating organizations are required to participate in the site visit, which will be conducted **April 16-21**. Please select dates and times for a possible site visit. Site visits are anticipated to last one hour.

If none of these times work for your organization, please note it below and the Program Officer will work with you to identify a date and time for a site visit.

Choices

Thursday, April 16, 9 a.m.-noon
Thursday, April 16, 1-4 p.m.
Friday, April 17, 9 a.m.-noon
Friday, April 17, 1-4 p.m.
Monday, April 20, 9 a.m.-noon
Monday, April 20, 1-4 p.m.
Tuesday, April 21, noon-4 p.m.
None of these times work for us.

Budget Information

Grant funds may be used for all activities related to the proposed project. This includes personnel (salaries/benefits), consultants, local travel, conferences (travel/fees, **not meals**), office equipment, supplies (including printing and copying) and meeting facilitation costs (including food). Interact for Health funds **cannot** be used for lobbying activities. If you have special budgetary issues or questions, consult your Program Officer.

Please identify and include any matching or in-kind contributions from the lead organization or other organizations. Volunteer time and indirect costs such as overhead (facility and administrative costs) can be counted as in-kind contributions of the organization to the project and documented in the overall project budget. More information about indirect costs can be found in our [Overhead Policy](#).

Please download a copy of the [Budget Request Form](#). Please submit one form per year of funding requested and submit the completed copies using the links below.

Total Amount Requested*

Character Limit: 20

Amount Requested in Year 1*

Character Limit: 20

Budget Request Form -- Year 1*

File Size Limit: 2 MB

Amount Requested in Year 2

Character Limit: 20

Budget Request Form -- Year 2

File Size Limit: 2 MB

Amount Requested in Year 3

Character Limit: 20

Budget Request Form -- Year 3

File Size Limit: 2 MB

Other Funding Sources for this Project*

List other funding sources (other foundations, corporations, etc.) and amounts requested for this project. Applicants are encouraged to identify matching or in-kind contributions from their organization or other organizations.

Character Limit: 500

Anticipated Sustainability Plan*

How do you plan to sustain the project after the grant funding ends?

Character Limit: 1000

Project Contact Information

The project contact for the grant, if awarded, will be responsible for ongoing communication and reporting.

Please identify the project contact.

Project Contact Prefix*

Choices

Dr.
Fr.
Mr.
Mrs.
Ms.
Mx.
Rev.
Sr.

Project Contact First Name*

Character Limit: 25

Project Contact Last Name*

Character Limit: 25

Project Contact Business Title*

Character Limit: 250

Project Contact Organization*

Character Limit: 250

Project Contact Email*

Character Limit: 254

Project Contact Phone Number*

Character Limit: 25

Resume/CV of Project Contact*

File Size Limit: 1 MB

Required Materials

Please upload the following documents for the Lead Organization.

Lead Organization's Current Operating Budget*

If organization is large and/or complex, please submit departmental budget.

File Size Limit: 1 MB

Lead Organization's Annual Report (if available)

File Size Limit: 4 MB

Lead Organization's Audited Financial Statement (if available)

File Size Limit: 4 MB

Lead Organization's Board of Trustees*

Please upload a list including names, employers and position titles.

File Size Limit: 1 MB

Lead Organization's Disclosures Form*

Please download a [Disclosures Form](#). It may be helpful to consult our [Board of Directors](#) list while completing the form.

After the Disclosures Form has been completed and signed by an authorized signer for the Lead Organization, please upload the document below.

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Concluding Statement*

Please upload a concluding statement signed and dated by the organization's Executive Director or CEO, attesting that the application is complete and true.

File Size Limit: 1 MB