



## Youth Opioid Prevention Grant Program Application

Before filling out this form, please read the Youth Opioid Prevention Grant Program information for complete submittal instructions and to be sure that your proposal qualifies for funding. Applications received after the deadline will not be accepted. Liability insurance coverage may be required depending upon the proposed project. Limit answers to the space provided.

Title of Project \_\_\_\_\_

Organization \_\_\_\_\_

Is this a Non-Profit Organization? Yes \_\_\_\_ No \_\_\_\_

Non-Profit Federal tax-exempt ID Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Project Coordinator \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Chairperson of Governing Board (If Applicable) \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

*(The person authorized to represent the organization must sign the application with a digital signature or actual signature on a hard copy.)*

**\*\*\*Complete the PROPOSED BUDGET at the end of this document\*\*\***

**Amount totals from that sheet should match this table.**

<b>Grant Amount Requested:</b>	\$
<b>+ Matching Funds (Cash):</b>	\$
<b>+ In-Kind Matching Funds (See question #15):</b>	\$
<b>= Total Cost of Project:</b>	\$

## Proposal Information

*Please use additional page(s) if necessary*

- 1. Have you received a similar grant or a city-sponsored grant in the last 3 years?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the projects/programs for which you received funding.

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- 2. If you received a similar or city-sponsored grant, what is the status of the project?**

[illegible]

**3. Will this grant-funding request be used for the first phase of a project, with possible grant requests for future phases?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain.

**4. Briefly describe the project/program for which you are requesting funds.**

**5. Describe why this project/program was selected and the community need(s) to which it will respond.**

**6. Identify and describe how this proposal meets one or more of the goals for funding (select all that apply).**

**GOALS TO PREVENT MISUSE OF OPIOIDS**

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Media campaigns to prevent youth opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence for youth.
3. Drug take-back disposal or destruction programs.
4. Evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
5. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
6. Community-based education or intervention services for families, youth, and adolescents at risk for Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder/Mental Health (SUD/MH) conditions.
7. Evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
8. Greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

**GOALS TO PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)**

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Provide increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, or community navigators and outreach workers.
2. Training and education regarding naloxone and other drugs that treat overdoses for overdose patients, patients taking opioids, families, schools, and community support groups.

- 7. List by item number(s) from Question 6 and describe in detail how the project meets each goal. (Please use additional page(s) if necessary)**

**8. Project Period:** \_\_\_\_\_

(Number of months in duration)

Beginning Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

**9. How will the youth in our community benefit from your project/program? What is the estimated number of people affected and anticipated outcome(s)?**

**10. Describe how your project/program will use evidence-based or evidence informed programs or strategies to support your effort?**

**11. Briefly describe prior experience managing similar projects, including any past enhancement projects.**

- 12. List anticipated project milestones and dates (e.g., groundbreakings, significant facility improvements, large gatherings of volunteers, public meetings, conferences, special activities, and events).**

- 13. An exit report will be required once the project is complete, per a signed YOPGP Agreement. Describe the measurements you will use to assess the program/project effectiveness. In other words, how will the effectiveness of the program/project be tracked and evaluated (i.e., number of people served; campaigns; disposal/destruction/prevention programs, etc.)? Be sure to describe project goals, changes and noticeable benefits that will come about as a result.**

- 14. List sources for in-kind matching support (e.g., volunteer hours, donations, cash). To estimate the value of donated volunteer time, refer to the YOPGP Program Guidelines for current volunteer rate value.**

Item	Source of Support	Estimated Value (\$)

**15. List all grants applied for in support of this project and commitments confirmed to date.**

**16. What percentage of YOPGP funds will be used for administrative costs?**

\_\_\_\_%

**17. Proposed Budget—on the following page please complete the proposed budget. Modify line items as needed to reflect proposed expenses.**

- Column A: Show grant monies needed for the program/project.
- Column B: Show cash matching funds.
- Column C: Show donations or in-kind volunteer labor (from question 15).
- Column D: Totals for each category.



## **Proposed Budget**

<b>Suggested List (not inclusive)</b>	<b>A  Grant Dollars Requested</b>	<b>B  Match Funds (Cash)</b>	<b>C  In-Kind Match Support</b>	<b>D  Total</b>
<b><u>Staff Administrative Costs</u> (Salaries/Administration)</b>				
<b><u>Project Administration</u> Costs (Clerical, Advertising, Printing, Graphics, Postage)</b>				
<b><u>Materials</u></b>				
<b><u>Equipment/Supplies</u></b>				
<b><u>Event Costs</u></b>				
<b><u>Transportation Costs</u></b>				
<b><u>Insurance Costs</u> (if needed)</b>				
<b><u>Additional Costs</u> (list)</b>				
<b><u>Total</u> (estimates)</b>				