

**DSAMH State Opioid Response 3.0 Education Campaigns:**

**Community Grassroots Anti-Stigma and OUD/STUD Strategic Messaging and Awareness Programs**

**APPLICATION FORM**

**Instructions:** Please submit current copies of all supplemental application materials listed below at the time of application. Incomplete applications may not be reviewed. Please complete this form for your application. Submitting responses to the questions below not using this form may result in delayed review. **Please submit completed application and supplemental materials to** [DSAMH.ORT@delaware.gov](mailto:DSAMH.ORT@delaware.gov) **on or before 5:00PM on February 20, 2024.**

**SECTION I: Standard Eligibility Requirements**

1. Attach a copy of a W-9.
   1. All vendors must complete an on-line W-9: https://accounting.delaware.gov/suppliers/
2. Attach a current State of Delaware Business License (from Division of Revenue) or IRS 501(c)3 exemption verification.
3. Provide a valid Unique Entity Identifier Number (UEI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   1. The Unique Entity ID is a 12-character alphanumeric ID assigned to an entity by SAM.gov. Information on obtaining a UEI number can be found here <http://sam.gov>
4. Attach a screenshot of an **active listing** on SAM.gov or evidence of an application for SAM.gov listing.
5. Provide a valid Delaware eSupplier Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   1. Updated information on supplier portal registry, found at: https://esupplier.erp.delaware.gov.
6. Attach a current Certificate of Liability Insurance Coverage.
7. ☐ DHSS must be listed as the Certificate Holder:

The Department of Health and Social Services (DHSS)

Division of Substance Abuse and Mental Health (DSAMH)

Contracts Unit

Administration Building

1901 North Dupont Hwy

New Castle, DE 19720

1. Additional Insured: Do not list “Department of Health & Social Services (DHSS) and the Division of Substance Abuse & Mental Health (DSAMH)” as the additional insured on the COI.
2. Provide a current Employer Identification Number (EIN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. ☐ Project Timeline (see section V)

1. ☐ Budget & Sustainability (See section VI)

**SECTION II: Vendor Information**

1. **Applicant organization:**

|  |  |
| --- | --- |
| **Name of organization\*:** |  |
| *\*As reflected on Certificate of Insurance (COI) and Business License* | |

1. **Application contacts responsible to respond to application questions:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Email** | **Phone Number** |
| Primary: |  |  |  |
| Backup: |  |  |  |

1. **Authorized official who will be responsible for signing the Letter of Agreement:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Email** | **Phone Number** |
|  |  |  |  |

1. **Other key personnel responsible to be included on project-related communications for implementation of this effort. You may add rows as needed:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Title** | **Email** | **Phone Number** |
| 1) |  |  |  |  |
| 2) |  |  |  |  |
| 3) |  |  |  |  |

**SECTION III: Grassroots Messaging Project Proposal**

1. **Please provide a brief overview of your organization.**

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| --- | --- |
| **Brief Organization Overview (Purpose and Mission)** |  |
| **Types of Services Provided by your Organization** |  |
| **Target Population Served/Engaged by your Organization** |  |

1. **Please select the Focus Area(s) which you plan to execute for your proposed Grassroots Messaging Project:**
   * + **Focus Area 1: Promoting Access to Treatment:** Promote how to access SUD services and supports available in the local community, including, for instance promoting medications for opioid use disorders (MOUD).
     + **Focus Area 2: Reducing Stigma:** Create new, or tailor and disseminate existing evidence-based anti-stigma and OUD/STUD prevention messages and campaigns, at the local level to effectively reach community members in implementing community education/awareness/anti-stigma campaigns specifically in hard-to-reach populations where local/grassroots messaging will have a stronger impact than generic state-level efforts.
     + **Other Focus Area: *(Please describe and explain how it meets the purpose/objectives of this funding opportunity as defined in the solicitation). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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1. **Please select the Key Population(s) which you plan to target for your proposed grassroots messaging project\*:**

As a reminder, the purpose of this funding opportunity is to support anti-stigma and prevention education/awareness efforts conducted to engage with hard-to-reach populations where local/grassroots messaging will have a stronger impact than state-level efforts in reaching the populations listed as follows, as identified in the SOR 3.0 needs assessment.

* Pregnant and parenting people
* Racial/ethnic minorities
* Individuals in high-need zip codes
* LGBTQ+ populations
* Justice-involved populations
* School-aged youth

**\**Please be aware that should DSAMH receive applications from organizations focused on the same/similar target population, DSAMH may ask those organizations to collaborate with one another in order to maximize the projects’ impact.***

1. **Attestation of non-duplication:**
   * I attest that the funds requested for the project outlined in this application will **NOT** duplicate or replicate existing federal or state-funded grants, contracts, or programs received to implement OUD/STUD anti-stigma campaigns.
2. **Provide a detailed summary of your proposed project (Maximum of 400 words):**

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| --- | --- |
| 1. **How do you plan to promote best practices that reduce stigma of OUD/STUD, including MOUD?:** |  |
| 1. **How will the project address the needs of the target population?** |  |
| 1. **How will the project address cultural and racial/ethnic considerations and health disparities within the target population?** |  |
| 1. **What resources and programs does your organization currently utilize to support the population? *Note: This project proposal may NOT duplicate existing resources and programs.*** |  |
| 1. **Describe the capability and experience of your organization to implement the project, including any experience(s) working on similar projects:** |  |

**SECTION IV: Data**

1. **Each “Focus Area” includes data collection requirements. Please identify the name, title, and contact information for your organization/program’s designated data lead who will be responsible for submitting data to DSAMH.**

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| --- | --- | --- | --- | --- |
|  | **Name** | **Title** | **Email** | **Phone Number** |
| 1) |  |  |  |  |

1. **Performance Measures**

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| 1. Examples of Data Metrics to Track Progress and Impact:   *(Note: This is a non-exhaustive list)* |
| * The number of individuals reached in-person and digitally. * The number of print materials distributed. * Encounter data for digital messaging (e.g., opened and forwarded messages). * The number of training/education sessions provided. * Estimated percentage of participants’ increase in knowledge and/or awareness as indicated in a post-training/education survey. * Number of new constituencies reached. * Participant post survey (campaign awareness, understanding, effectiveness; knowledge gained, etc.) |

|  |
| --- |
| 1. Applicant’s Chosen Data Metrics:   *Please select at least 3 measures. Feel free to write-in unique measures, if needed, targeted to track impact of your project.* |
| * The number of individuals reached in-person and digitally. * The number of print materials distributed. * Encounter data for digital messaging (e.g., number of opened and forwarded messages). * The number of training/education sessions provided. * Percentage of participants’ increase in knowledge and/or awareness as indicated in a post-training/education survey. * Number of new constituencies reached. * Effectiveness of campaign (reported as a percentage of individuals that report awareness of the messaging campaign out of the target population group as indicated in a mid- and post-campaign survey). * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **What is your plan on how you will collect the required data for the project and use it for management, monitoring, and enhancement?**

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**SECTION V: Project Timeline**

Please complete the following project timeline to denote key anticipated activities and milestones. Use check marks or colored cells to indicate the months in which each activity will take place. Add additional rows as needed.

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| --- | --- | --- | --- | --- | --- | --- |
| **Key Activities** | April | May | June | July | August | September |
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**SECTION VI: Budget & Sustainability**

Federal guidelines require funds available through this opportunity be used to “**Supplement Not Supplant**.” This means that grant funds may be used to supplement existing activities. Grant funds may not be used to supplant current funding of existing activities. Supplant is defined as replacing funding of a recipient’s existing program with funds from a federal grant.

1. **Attestation:**

* I attest that SOR grant funds will be used to **supplement, but NOT supplant** existing funding for programs and services.

1. **Budget Request:**

* The DSAMH required budget template must be completed and attached to the application.

*Please note, a summary of limitations on the use of funds available through this opportunity are included in a separate worksheet within the budget template. Failure to review and follow these requirements may result in denial of application, negative audit findings, recoupment of funds, or other non-compliance actions.*

1. **Sustainability:**

Sustainability refers to the ability of the organization to maintain efforts past the duration of the award. This requires strategies to identify long-term funding options and to build programmatic sustainability through clinical resources and operational changes necessary to fully integrate the project into the organization beyond the award.

|  |  |
| --- | --- |
| 1. Please describe how you might sustain your project’s efforts after the conclusion of this grant-funded program: |  |