**DSAMH State Opioid Response Grant:**

**Health Equity Advancement Project (HEAP)  
Community Awareness Partnership Request Form**

**SECTION I: Requestor/Partner Information**

1. **Requestor (individual or organization):**

|  |  |
| --- | --- |
| **Name of individual/organization:** |  |

1. **Primary contact responsible for responding to questions about this request:**

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

1. **Other key personnel responsible for implementation of this project:**

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

**SECTION II: Project Summary**

Please select the campaign focus area(s) of your proposed project.

☐ Reducing stigma toward persons with substance use disorders (SUD)

☐ Promoting awareness of and access to SUD treatment and recovery services

☐ Preventing SUD among youth and adults

☐ Reducing stigma related to medications for opioid use disorder

☐ Promoting access to naloxone/Narcan

☐ Promoting recovery

|  |  |
| --- | --- |
| Please select the activities for your proposed project (check all that apply). See examples in solicitation. | |
| ☐ Speaker’s bureau  ☐ Pledge drive  ☐ In-person event production and promotion  ☐ Listening sessions  ☐ Social media campaign plan/development | ☐ Videography and photography support  ☐ Media relations and outreach  ☐ Grassroots mobilization campaigns  ☐ Educational presentations (DSAMH Narcan training, Addiction Brain Science 101, etc.) |

\*All partnerships will also include: Communications campaign/plan development, Health Equity Summit readiness support, and Qualitative & Quantitative research during planning to inform and advance project implementation.

|  |  |
| --- | --- |
| 1. Describe the overall purpose and at least three goals of your project. |  |
| 1. Identify the extent to which you currently engage/serve ethnic/racial minorities and how you intend to expand reach through this initiative. |  |
| 1. Describe the internal and external stakeholders you will engage in this project and their roles. |  |
| 1. Describe your target populations and the location(s) of proposed activities. |  |
| 1. How will you know your project was successful? |  |

**SECTION III: Attestations**

☐ I understand that I must participate in regular **Campaign Planning Meetings** with Bowling Business Strategies (BBS) and Health Management Associates (HMA).

☐ I understand, if selected, that I am required to actively participate and present on project goals, implementation, and outcomes at the DSAMH Health Equity Summit in September 2024.

☐ I understand that, if selected, I will **not** receive direct funding from DSAMH. However, DSAMH will supply informational materials to the components of the activities as able, and provide in-kind planning, design, and implementation support through HMA and BBS.

**Please submit your completed application to** [**DSAMH.ORT@Delaware.gov**](mailto:DSAMH.ORT@Delaware.gov)**.**