**DSAMH State Opioid Response 4.0 Grant Tier Award Program**

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

**Request Form**

**SECTION I: Vendor Information**

Please fill in the boxes below with your organization and project team contact information.

1. **Applicant organization:**

|  |  |
| --- | --- |
| **Name of individual or organization:** | [Company] |
| **Organization address:** |  |
| **Service area zip code(s):** |  |
| **Organization website (if applicable):** |  |
| **Organization email (if applicable; e.g.,** [**info@organizationname.com**](mailto:info@organizationname.com)**)** |  |

1. **Project lead:**

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

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

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

**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 and quantitative research during planning to inform and advance project implementation.

1. Describe the overall purpose of your project.

*Provide a summary description of the project, including at least three goals, project activities to achieve those goals, desired outcomes, and why it is needed. Please demonstrate how your project relates to your selected focus area, as well as how your project relates to health equity and addresses the needs of your target population(s).*

1. Describe the target population(s) your project will reach and impact.

*List the specific target population(s) your project aims to reach. Describe your rationale for selecting this population(s) and their needs as it relates to OUD/STUD, including any data if available.*

1. Describe the external stakeholders you will engage in this project, including their names and their roles.

*List the external stakeholders and partners that you plan to engage with, including their role as it relates to this project.*

1. Describe how your project’s foundational work is likely to improve access and quality of care for racial/ethnic minorities with OUD/STUD.

*This response should specify how your project will address health equity and impact access to OUD/STUD care and outcomes for your selected target population(s).*

1. Identify how you will directly engage racial/ ethnic minorities in the design and implementation of your project. Describe any existing relationship(s) you may have with your target population(s).

*This response should specify how your selected target population(s) has been and/or will be engaged in project design and implementation, to ensure that your project appropriately addresses their needs. Be sure to describe any existing relationship(s) you have with them that you can leverage.*

1. Describe how success will be measured for your project. What outcome and impact measures will you assess?

*List at least three outcomes you will measure to track the success of your project. These may include changes in knowledge, behavior, or access to services. Please note that you will be asked to report on the metrics indicated here as part of midpoint and end-of-grant reporting.*

**SECTION III: Attestations**

Please review the following statements and check the boxes to acknowledge you have read and understood the requirements of the HEAP Community Awareness Partnership.

☐ I understand that my organization must participate in **regular campaign planning meetings** with BBS, HMA and 720 Strategies over the eight-month implementation period.

☐ I understand that my organization is required to actively participate and present on project goals, implementation, and outcomes at the DSAMH Health Equity Summit in September 2025.

☐ 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 BBS, HMA and 720 Strategies.

**Please submit your application to** [**DSAMH.ORT@delaware.gov**](mailto:DSAMH.ORT@delaware.gov) **by 5:00 p.m. on December 5, 2024.**