**APPENDIX A – Cover Page**

Organization Information

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| **Organization Name:** |  |
| **Signature Authority:** |  |
| **Mailing Address:** |  |
| **City/State/Zip:** |  |

Primary Staff Contact Information

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| --- | --- |
|  |  |
| **Name** |  |
| **Phone** |  |
| **Email** |  |

Secondary Staff Contact Information

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| --- | --- |
|  |  |
| **Name** |  |
| **Phone** |  |
| **Email** |  |

Accountant Contact Information

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| --- | --- |
|  |  |
| **Name** |  |
| **Phone** |  |
| **Email** |  |

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| --- | --- |
| **Amount requested:** |  |

**APPENDIX B – Application Form**

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| **Project Name** |  |
| **Type of Applicant** |   [ ]  Native American Tribe (Federally recognized) located in Michigan, Minnesota, or Wisconsin. [ ]  Urban Indian program receiving Indian Health Service funding under Title V of the Indian Health Care Improvement Act, PL 94-437 Located in Chicago, Illinois, Detroit, Michigan, Milwaukee, Wisconsin, or Minneapolis, Minnesota.  |
| **Brief Description of population served by the applicant** |  |
| **Anticipated number of individuals who will be served** |  |

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| **Please briefly describe your organization's history and/or mission. Please include a description of past activities related to opioid use and overdose prevention, including experiences implementing data management or data quality improvement systems.****(300 words or less)** |
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| **Please describe any current or pending opioid use and overdose prevention activities, including data and surveillance.** **(300 words or less)** |
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| **Please describe the need for funds to support efforts around opioid use and overdose prevention. (300 words or less)** |
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 **Work Plan Template**

**Saving Lives Project**

**Project Period: 8/31/2022 – 8/30/2023**

**Instructions:**

* Applicants should use this template to document their detailed work plan for Year 5 of the Saving Lives Project.
* The applicant’s work plan should include work in at least one strategy area. The template is pre-populated with the program strategies.
* All activities must be related to opioid overdose prevention, treatment, and/or recovery.

**For each strategy listed on the template, complete the following information:**

* **GOALS/OBJECTIVES**: Specify the project goal/objective for each strategy you choose.
* **SETTING**: Specify the setting(s) for your work in the strategy
	+ **Examples**: Community, Faith-based, Health Care/Clinic, School, Early Care and Education, etc.
* **ACTIVITIES**: Please list key activities that you will do to address opioid use and overdose prevention. Projects can also include activities related to co-occurring poly-substance use where one of the substances is opioids.
	+ **Examples**: Conducting a needs assessment, improving data collection and surveillance systems, enhancing linkage to care, etc.
* **OUTPUTS**: List the direct products of your project activities.
	+ **Examples**: Number of trainings your organization will provide, number of completed surveys, number of people served, etc.
* **LEAD PERSON, SUPPORTING PARTIES**: Include the names of lead personnel at your organization in charge of activities, as well as any key contributing outside partners and contractors
* **TIMEFRAME:** Include the approximate period of time in which the activity will take place.
	+ **Example**: September 1 – November 1, 2022

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| **STRATEGY #1:**  | **Data (Activities geared toward strengthening epidemiologic surveillance and public health data infrastructure.)** |
| Goal(s)/Objective(s) |  |
| Outcomes |  |
| SETTING: |  |
| **Activities** | **Outputs** | **Lead Person, Supporting Parties (List one or more)** | **Timeframe** |
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| **STRATEGY #2:**  | **Evidenced-based/Culturally appropriate Health System Interventions (Activities geared toward improving infrastructure and capacity for implementation of interventions, such as prescribing practices, linkage to care, health education, etc.)** |
| Goal(s)/Objective(s) |  |
| Outcomes  |  |
| SETTING: |  |
| **Activities** | **Outputs** | **Lead Person, Supporting Parties (List one or more)** | **Timeframe** |
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| **STRATEGY #3:**  | **Innovative Community-based Strategies (e.g., upstream culturally appropriate strategies addressing risk factors for opioid misuse, enhancing public health and public safety collaborations)** |
| Goal(s)/Objective(s) |  |
| outcomes |  |
| SETTING: |  |
| **Activities** | **Outputs** | **Lead Person, Supporting Parties (List one or more)** | **Timeframe** |
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 **APPENDIX D – Budget Template**

Tribal Community:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Budget Line Items** | **Description Detail** | **Amount** |
| **Personnel/Salary**  |  |  |
| **Fringe Benefits**  |  |  |
| **Travel**  |  |  |
| **Supplies**  |  |  |
| **Contractual**  |  |  |
| **Other** |  |  |
| **IDC** |  |  |
| **Total Project Cost:** | **$** |