**OVERDOSE EMERGENCY RESPONSE CENTRE**

**Stream 2: Community Overdose Crisis Innovation Grant**

**Guidelines and Application**

**Timeline**

Applications open: June 4, 2018

Applications close: July 13, 2018

Grants awarded: September 2018

All proposed project activities should be completed and funding spent by August 31, 2019.

**Overview**

The Community Action Initiative (CAI), in partnership with the Ministry of Mental Health and Addictions (MMHA), and the Overdose Emergency Response Centre (OERC), has funding available for Community Overdose Crisis Innovation Grants.

Grants are available for initiatives aligned with the OERC’s *Comprehensive Package of Interventions* (see Appendix A). Community Overdose Crisis Innovation Grants will be one-time-only and action oriented in nature and can be awarded as one or multiple linked initiatives to one or multiple organizations, with applicants to identify one lead financial organisation to host the funds.

Community Overdose Crisis Innovation Grants are one-time funds that are available to communities that are not developing a CAT. However, communities with a CAT are not precluded from applying for this second stream of funding.

Maximum funding for this grant program is $75,000 per applicant.

**Purpose of the Community Overdose Crisis Innovation Grant**

The purpose of the Community Overdose Crisis Innovation Grant is to support overdose prevention and response efforts that are **community directed and led** to address local needs, with an emphasis on **actions** to **reach people using substances alone**. The Community Overdose Crisis Innovation Grant also aims to support communities to develop collaborative **partnerships** to provide focused, action-oriented strategies tailored to local community needs to address the overdose crisis.

Proposals should demonstrate alignment with one or more components of the *Comprehensive Package of Interventions* (see Appendix A).

**Rationale**

A comprehensive response to the overdose crisis is required to address the ongoing Public Health Emergency. The funding is intended to facilitate innovative and collaborative overdose response efforts among community agencies and across sectors. This recognizes that community collaboration will play a crucial role in targeting local resources where they are needed most on the ground in communities. Communities have an invaluable role in saving lives, strengthening local partnerships and connecting people to treatment and recovery.

Across British Columbia, 91% of overdose deaths occur inside, with 62% of fatalities located in private residences.[[1]](#footnote-1) These trends indicate an urgent need to prioritize strategies that reach people using substances alone through collective actions to increase access to services and to create supportive environments.

Applicants should involve diverse partners engaged in local overdose response efforts including; First Nations, Métis and Urban Indigenous communities, municipalities, first responders, community organizations and local not-for-profits, people and families with lived experience (including organizations of people who use drugs), businesses, local provincial government offices (i.e. housing, social development, education), and divisions of family practice.

**Funding**

Agencies can apply for grants up to $75,000.

**Applications will be reviewed using the Community Overdose Crisis Innovation Grant Criteria in Appendix B.**

**Eligible Applicants**

* Applicants must identify a lead financial agency responsible for management of the grant funds. Lead financial agencies need to have a Canadian Revenue Agency (CRA) number or BC Society Registration.
* The organization must be a non-government, not-for-profit, community-based, or a First Nations, Métis or Indigenous-mandated organization, or municipality in British Columbia. Non-government, not-for-profit, community-based organizations must provide proof of society registration or charitable status as part of the application.
* For-profit businesses, research institutions, health authorities and primary care providers are not eligible to apply for this grant but may be members of an applicant’s Project Team.
* Initiatives must be one-time-only in nature and intent and must be completed, with all funds spent by August 31, 2019.
* Agencies who are addressing the overdose crisis **from communities across B.C.** can apply for a Community Overdose Crisis Innovation Grant.
* Agencies and coalitions within communities that have an Overdose Emergency Community Action Team (CAT) are eligible to apply for this grant, but funding decisions will take into account equitable distribution of resources across regions affected by the overdose crisis.

*Applications should:*

* Be community led and directed.
* Demonstrate alignment with one or more components of the *Comprehensive Package of Interventions* (see Appendix A). **Initiatives that demonstrate integration of a number of interventions from the comprehensive package will be considered favourably.**
* Collaborate across sectors (e.g. First Nations communities, municipalities, first responders, front-line community agencies, people and families with lived experience, drug user groups, businesses, local provincial government offices (e.g. housing, social development, education).Equity in geographic diversity is a key value in determining successful applicants. **Applications that demonstrate collaboration across local community partners, Health Authority and/or local government will be viewed favourably.**
* Applicants are required to demonstrate quality of collaboration, either with existing partners or demonstrate intent to develop new partnerships.
* Demonstrate alignment of proposal with overdose data.
* Include overdose response strategies to reach people using substances alone, wherever possible.
* Demonstrate cultural humility towards, and safety for, First Nations, Métis and Urban Indigenous Peoples.
* Empower and engage peers and people with lived experience in active and meaningful roles.

**Eligible Expenses**

* Proposed projects can be used to build a Project Team and/ or to develop a comprehensive community overdose response plan. *For example*, build a Project Team by hiring a project coordinator; hire a peer coordinator to engage people with lived experience; provide honoraria for Elders; minimize transportation barriers for those who have to travel (e.g. off reserve).
* One-time-only program enhancements/expansions, pilot initiatives, planning, and/or capacity building initiatives. Proposed projects can strengthen, expand, or make more effective existing programs identified by a Project Team. *For example*, funds can be used to create new components of an existing program; provide cultural safety training to staff; formalize the role of peers within an organization.
* Research and evaluation costs.
* Salary or honorarium for activities within eligible expenses listed above.
* Expenses must be reasonable in relation to proposed activities and budget estimates well supported.
* In the event of a large project that may have co-funding, we require a clear financial delineation of the different grants and/or funding that will be contributing to the project.

**Ineligible Expenses**

* Funding existing programming costs (i.e. funding salaries or operational costs to maintain status quo of current programs).
* Needs assessments or gap analyses.
* Project expenses that have been incurred prior to term of the grant (September 2018).
* Large capital or public infrastructure projects (e.g. healthcare facilities).

**How to apply**

* Completion of Local Action Grant Application, signed and saved in PDF format, emailed or sent to CAI (contact details provided below) by **July 13, 2018.**
* Electronic application template will be available online at <http://www.communityactioninitiative.ca/grants-and-training/oerc-cai-grant/stream-2>​ on June 4, 2018.
* Letters of Support from your Project Team will be an asset but is **not required**. Letters of Support must indicate the role of Project Team partners in the proposed initiative.

**Contact CAI**

Tel. 604.638.1172, Ext. 122

Email: [nahmadi@communityactioninitiative.ca](mailto:nahmadi@communityactioninitiative.ca)

Mailing address:

Community Action Initiative

**CAI Project Manager**

1183 Melville Street

Vancouver, BC

V6E 2X5

**After you apply**

* Project Manager (s) will notify shortlisted applicants within 2 weeks of closing date (July 13, 2018).
* Final application is reviewed by a review committee that includes representatives from the OERC, CAI, Regional Health Authorities, and the First Nations Health Authority. Proposals will be assessed on strength of Project Team, and fulfilment of funding criteria. All applicants will be notified of results. Successful applicants will be notified of amount awarded.
* Successful applicants must have their lead financial agency sign a *Contribution Agreement* for grant funds to be released.

**Payment**

* Will be released to lead financial agency within 2 weeks of the awarding of the grant.
* Will be divided into three installments; the first installment will be issued on signing the Contribution Agreement (70% of total budget); the second installment issued on receipt of a mid-point report (15% of total budget) and the final installment issued on receipt of a final report (15% of total budget).

**Reporting requirements**

Details of Community Overdose Crisis Innovation Grant reporting requirements will be shared with successful applicants.

# Community Overdose Crisis Innovation Grant - Application Form

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| --- | --- | --- |
| Applicant’s Municipality: |  | |
| Prepared by (Name/Title/Organization): | | Date: |

## Lead Financial Agency

|  |  |  |  |
| --- | --- | --- | --- |
| We require a financial lead agency to take responsibility for managing the funds, and to initially receive the funds. The lead financial agency is responsible for providing a financial report at completion of the term of the grant, as well as tracking the use of grant funds throughout the project. | | | |
| Lead Financial Agency Name: | | | |
| Address: | | | |
| City: | Province: | | Postal Code: |
| Telephone: | | | |
| Primary Contact Person: | | | |
| Telephone: | | Email: | |
| CRA or BC society registration # | | | |
| First Nations, Métis or Indigenous mandated organization  Yes  No | | | |

## Please list the members of your Project Team, and briefly describe their roles/contributions within the Team:

|  |  |  |  |
| --- | --- | --- | --- |
| Team Member name | Team Member type | Role/Responsibility *(Max. 25 words)* | Primary contact person |
| *Organization XX* | *Drug user group* | *Give feedback on our plan* | *Jane Johns* |
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1. In thinking about the top-two key partners you will primarily be working with, please expand on their role in this project.

|  |
| --- |
| Role of partner #1 *(Max. 100 words)* |
|  |
| Role of partner #2 *(Max. 100 words)* |
|  |

## Project Information and Alignment with Comprehensive Package of Interventions

|  |  |
| --- | --- |
| What is the primary nature of your project/plan? | One-time-only program enhancement or expansion  One-time-only initiative  One-time-only pilot initiative  One-time-only program research/planning  One-time-only capacity building |
| Which of the Essential Health Sector Interventions  Funding Priority Areas does your initiative address directly or support indirectly? | Naloxone  Overdose Prevention Services  Treatment and Recovery  Acute overdose risk case management |
| Which of the Essential Strategies for a Supportive Environment Funding Priority Areas does your initiative address directly or support indirectly? | Cultural safety and humility  Social stabilization  Peer empowerment and employment  Addressing stigma discrimination and human rights |

## Proposal

1. Please briefly describe the main goals of your project. Relate these goals directly to the comprehensive package of interventions (Appendix A). If funded, how will you know that your project has been a success? Note: Indicators need to be aligned with the comprehensive package outcomes.

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| Main Goal/Objective  *(Max. 50 words per entry)* | Intended Outcome  (Based on Comprehensive package)  *(Max. 50 words per entry)* |
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1. Please summarize your project’s main actions. If you are proposing a project that includes multiple small projects, please list each project and summarize their main activities. *(Max. 100 words)*
2. What is your working project plan throughout the term of the grant? Identify your projects major project milestones and the anticipated timeframe in the table below.

|  |  |
| --- | --- |
| Timeline | Project Milestones (0-5 Months) *(Max. 50 words per entry)* |
|  | Milestone 1: |
|  | Milestone 2: |
|  | Milestone 3: |
|  | Milestone 4: |
| Timeline | Project Milestones (6-12 Months) *(Max. 50 words per entry)* |
|  | Milestone 5: |
|  | Milestone 6: |
|  | Milestone 7: |
|  | Milestone 8: |

1. Describe how your project connects to overdose data, including local data. (*Max 100 words)*

*For example, use local health services delivery area, township or health authority data in the BC Coroners Service Illicit Drug Overdose Deaths to show how your project aligns with overdose data specific to your community or region. The following resources may provide data relevant to your proposal:*

[*https://www2.gov.bc.ca/gov/content/safety/public-safety/death-investigation/statistical-reports*](https://www2.gov.bc.ca/gov/content/safety/public-safety/death-investigation/statistical-reports)

*<http://www.bccdc.ca/health-professionals/clinical-resources/harm-reduction/overdose-data-reports>*

1. If applicable to your proposal, describe how your project includes strategies to reach people using substances alone. *(Max. 100 words)*
2. Describe how you will include people with lived experience and their families in your project. *(Max. 100 words)*
3. Describe how your project demonstrates principals of cultural safety and humility. For example, how are you ensuring First Nations, Métis, and/or Urban Indigenous people are being engaged?  *(Max. 100 words)?*
4. What barriers or risks do you anticipate running into as you implement this project/community action plan? What would their impact be on your project? *(Max. 50 words)*
5. What contingencies have you considered or built into your project/ plan to prepare for these risks or barriers? *(Max. 50 words)*
6. If you plan on the project continuing, please detail any plans for its continuation beyond this one-time-only funding. *(Max. 50 words)*

## Budget Estimate

Applicants must include a breakdown of anticipated costs with clear rationale for each area.

*Please include additional lines or attach separate sheet as needed.*

|  |  |  |
| --- | --- | --- |
| Budget Items  (Items below are just a guide) | Total Funding Requested from  CAI | Additional Information |
| Personnel Expenses |  |  |
| * Project Coordinator/Manager |  |  |
| * Peer Coordinator |  |  |
| * Honorariums (e.g. for Indigenous Elders) |  |  |
| * Contracted services (consultants): |  |  |
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| Meeting/Communication Expenses |  |  |
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| Travel/Transportation Expenses |  |  |
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| Training Expenses |  |  |
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| Research/Evaluation Expenses |  |  |
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| Administrative Expenses (Maximum: 10%) |  |  |
| * Supplies |  |  |
|  |  |  |
| Other Expenses |  |  |
| * Publicity/Promotional Materials |  |  |
|  |  |  |
| **Total** |  |  |

**\*Note**: Honorarium and recipient names, signatures, and amounts must be reported at completion of project.

1. Are you requesting that CAI/OERC to fund 100% of your proposal?

Yes  No

1. If no, please identify other funders who may also be funding your proposal, and the project components their funds will be applied towards.

|  |  |
| --- | --- |
| Potential or current funder/grant | Project Component(s) |
|  |  |
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# Signatures

## Permission to cite portions of your application

|  |  |
| --- | --- |
| With your consent, CAI and/or OERC may refer to portions of your application for quality improvement, research, or advocacy purposes. Confidentiality will be respected, and no identifying information will be used without your permission. | |
| Do you consent to CAI referring to portions of your application for quality improvement, research, or advocacy purposes? | 🞏 Yes  🞏 No |

## Declaration

I attest that the information provided in this application is true, accurate and complete to the best of my knowledge.

**Financial Lead Agency**

|  |  |
| --- | --- |
| Signature of Executive Director or Equivalent: | Date: |
| Print Name: | Title/organization: |

**Members of Project Team**

|  |  |
| --- | --- |
| Signature: | Date: |
| Print Name: | Title/organization: |

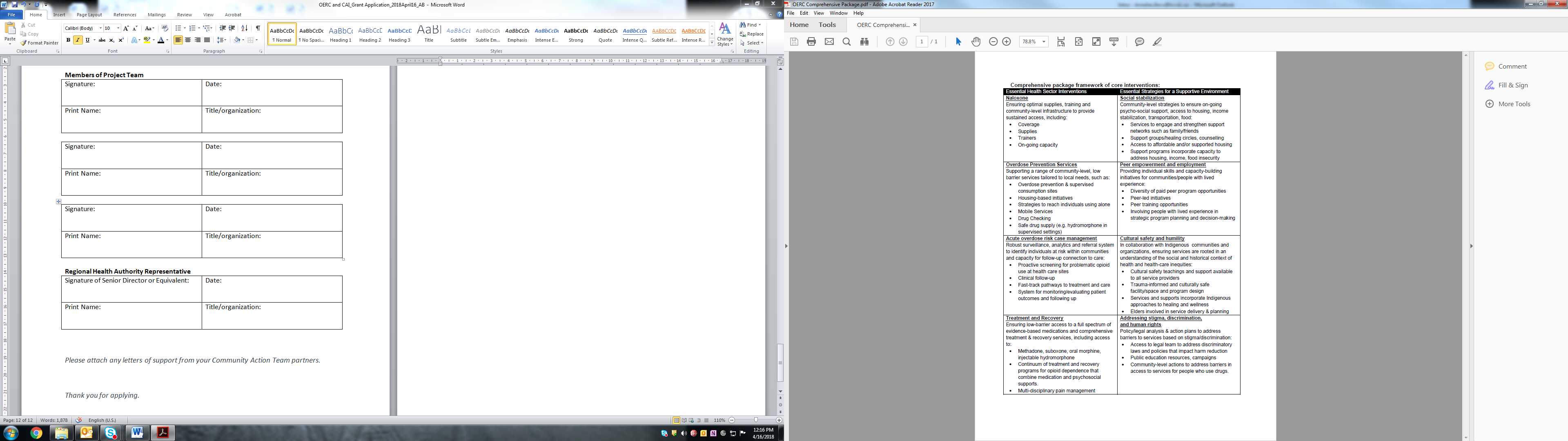
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| Signature: | Date: |
| Print Name: | Title/organization: |

*Please attach any letters of support from your Project Team partners.*

*Thank you for applying.*

**Appendix A**



**Appendix B**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criteria** | **Very poor**  **0** | **Poor**  **1** | **Good**  **2** | **Very good**  **3** |
| **Proposed Action(s)** | | | | |
| Alignment with the Comprehensive Package of Interventions *(see appendix A)* | No action(s) aligned with any components of the Comprehensive Package of Interventions | n/a | n/a | All action(s) aligned with one or more components of the Comprehensive Package of Interventions |
| Evidence-informed  *Proposal clearly aligns with overdose data* | No action(s) aligned with overdose data | Few action(s) aligned with overdose data | Some action(s) aligned with overdose data | All/most action(s) aligned with overdose data |
| Strategies to reach people using substances alone | No action(s) aimed at reaching people who are using substances alone | Few action(s) aimed at reaching people who are using substances alone | Some action(s) aimed at reaching people who are using substances alone | All/most action(s) aimed at reaching people who are using substances alone |
| Meaningful inclusion of people with lived experience and their families | No inclusion of people with lived experience | Meaningful inclusion of people with lived experience is mentioned | Meaningful inclusion of people with lived experience is integrated into some parts of the proposal | Meaningful inclusion of people with lived experience fully integrated into the proposal |
| Cultural safety and humility | No demonstration of how cultural humility is integrated into the project | Limited demonstration of how cultural humility is integrated into the project | Some demonstration of how cultural humility is integrated into the project | Full demonstration of how cultural humility is integrated into the project |
| Collaboration and partnership  *Collaboration/partnership across community partners, health authority and/or local government* | Proposed project is completed in isolation with no partnership/ collaboration | Proposed project is somewhat completed in isolation with minimal partnership/collaboration | Proposed project is somewhat completed in collaboration/partnership | Proposed project is completed in collaboration/partnership |
| **Qualifications** | | | | |
| Implementation Strategy | Implementation strategy is unrealistic | Implementation strategy is somewhat unrealistic | Implementation strategy is somewhat realistic | Implementation strategy is realistic |
| **Financial** | | | | |
| Budget | Budget does not match implementation strategy and is not viable | Budget may match implementation strategy and may be viable, but major concerns exist | Budget matches implementation strategy and viable, but some concerns exist | Budget is matches implementation strategy and is viable |

1. https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/death-investigation/statistical/illicit-drug.pdf [↑](#footnote-ref-1)