# **Rural, Remote and Indigenous Overdose Grants – Application Form**

Please ensure you have read the Rural and Indigenous Overdose **Application Guide and Glossary of Terms** prior to completing your application.

## **Contact Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Representative Organization: |  | | | | |
| Prepared by (Name): | | | | Date Received: | |
| (Title): | | | | | |
| Address: | | | | | |
| City: | | Province: | | | Postal Code: |
| Telephone: | | | | | |
| Primary Contact Person: | | | | | |
| Telephone: | | | Email: | | |
| Secondary Contact Person: | | | | | |
| Telephone: | | | Email: | | |
| First Nations, Urban Aboriginal or Metis organization  Yes  No | | | | | |
| Is your community designated as rural and/or remote?  Yes  No  Are overdose services available and accessible within your community?  Yes  No  Is the population of the town you live in close to 10,000?  Yes  No  Is the local hospital more than an hour away?  Yes  No  Can people access harm reduction services without having to leave your community?  Yes  No | | | | | |
| What geographic health region are you located within?  Vancouver Island  Vancouver Coastal  Fraser  Interior  Northern | | | | | |

## **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 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 #: | | | |

\* CAI will consider awarding funds to existing community organizations as well as grassroots organizations. Where appropriate, organizations are required to have a lead financial agency that meets the eligibility criteria outlined in the **Rural, Remote & Indigenous Overdose Application Guidelines**.

## **Organizational Capacity**

|  |  |
| --- | --- |
| Please describe your organization (e.g., mission, vision, populations served, etc.) |  |
| So that we can better understand your organization, please identify your primary sources of funding: | |
|  | |
| How long has your organization or a specific team within the organization been involved in rural or community-based overdose prevention and response work? | |
|  | |
| Is your program delivered in partnership with other organizations/entities (e.g., other community-based organizations, primary care providers, Health Authorities, First Nations community, peer-led group etc.)? | |
| Yes  No  If yes, please describe the partnership (250 words max.) | |

## **Organizational Policies**

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| --- |
| Please describe the way(s) in which people with lived and/or living experience are included in decision-making processes within your organization. (500 words max.) |
|  |
| Please describe how you engage with people who use substances in your community. |
|  |

## **Proposed Community-Based Overdose Prevention and Response Program Description and Activities**

|  |
| --- |
| 1) In this section you will describe the main activities of your proposed project and anticipated results. Proposed projects are required to align with at least one item from the OERC’s Comprehensive Package framework of Core Interventions as presented in Appendix A of the Application Guide. Please indicate which of the following items your project aligns with:   1. Naloxone 2. Overdose Prevention Services 3. Acute overdose risk case management 4. Treatment and Recovery 5. Social Stabilization 6. Peer empowerment and employment 7. Cultural safety and humility 8. Addressing stigma and shame   2) Preference will be given to projects which address recommendations made during the Rural and Indigenous Overdose Action Exchange. Upon review of the application guidelines, please choose 1-2 of the categories below that best describe your proposed project:   1. Tackling stigma and shame 2. Creative solutions in harm reduction and peer involvement 3. Generating creative and innovative solutions 4. Regional reflections 5. Other |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OERC Core Package of Interventions (indicated 1-8 from the list above)** | **Category (indicate 1-5 from the list above.** | **Goals** | **Activities** | **Timeline** |
|  |  |  |  |  |
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|  |  |  |  |  |
| What barriers or risks do you anticipate running into as you implement your overdose prevention and response project? What would their impact be on your work? (750 word max.) | | | | |
|  | | | | |
| Do you have anything planned to address the barriers/risks described above? (500 word max.) | | | | |
|  | | | | |

## **Key Staff**

|  |  |
| --- | --- |
| Please provide a detailed description of who will be involved in the project. | |
| Position Title | FTE |
|  |  |
|  |  |
|  |  |
|  |  |

## **Population Reach**

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| --- |
| Where do individuals in your community typically connect with overdose prevention and response services? |
|  |
| What is the total # of individuals you anticipate will be served through your overdose prevention and response project? \_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| What strategies will you use to engage people? (500 words max.) |
|  |
| What steps do you take to sustain the engagement of your clients / program participants (500 word max. |
|  |
| [This question is only for non-Indigenous organizations – as per the answer in the contact information section)  A - Describe steps your organization has taken to implement the concepts of cultural humility and cultural safety.  B - Describe how you engage with the local Indigenous people and organizations. |
|  |

## **Community Impact & Project Summary**

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| --- |
| Please describe the most significant impact this funding will have for your community or for the population of individuals whom you serve over the next year. (500 word max.) |
|  |
| Please provide a public statement that summarizes your proposed project (250 word max.).  *[We ask for this information because successful applicants will be listed on our website.]* |

# **Proposed Budget**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Budget Items  (Items below are examples) | Rural and Indigenous Overdose Grant Requested Amount | Funding from other sources  (e.g. Other grants) | Name of other funder/grant  (if applicable) | Additional Info / Rationale |
| Personnel Expenses (Wages + Benefits) | | | | |
| Coordinator |  |  |  |  |
| Peers\* |  |  |  |  |
| Outreach Staff |  |  |  |  |
| Other |  |  |  |  |
| Program Expenses | | | | |
| Honoraria (ex: Elders) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Meeting/Communication Expenses | | | | |
| Rent |  |  |  |  |
| Zoom License |  |  |  |  |
|  |  |  |  |  |
| Removal of Access Related Barriers Expenses | | | | |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total** |  |  |  |  |

\*Refer to the CDC’s best practice guidelines for peer payment and engagement: [www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/peer\_payment-guide\_2018.pdf](http://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/peer_payment-guide_2018.pdf)

# **Declaration and Signatures**

## **Permission to cite portions of your application**

## With your consent, CAI may refer to portions of your application for training, 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 training, 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.

**Representative Organization - Required**

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

* Contact information for one reference, external to the applicant organization, is included.
* Financial statements (audited preferred but not necessary) are attached.

# **How to Apply**

Applications must be completed and sent to Mira Farrage at [mfarrage@caibc.ca](mailto:mfarrage@caibc.ca). Applications are due by **5:00 pm (Pacific Time) on January 22, 2021.**

**This deadline is FIRM. Applications submitted after 5:00 pm on January 22 will not be accepted.**

**Submission Guidelines**

To avoid potential technical difficulties, applicants are strongly urged to complete their application at least *three days* prior to deadline. The January 22, 2021 deadline for applications is **FIRM**. Irrespective of technical difficulties, completed applications must be received by CAI by the deadline.

***It is the responsibility of the applicant to consult the CAI website and/or Grant Manager for clarification and updates concerning submission requirements.***

**Technical Difficulties**

If you are unable to complete the application form for any reason, please contact **Dakota Fayant** at: 1-877-456-9085, or email: dfayant@caibc.ca well in advance of the deadline.

**Notification and Final Decision**

Successful applicants will be notified of Rural, Remote and Indigenous Overdose Grant funding decisions in February 2021.

**For further information please contact:**

Janine Stevenson

Director, Strategic Initiatives and Special Projects

Toll Free: 1-877-456-9085

Email: [jstevenson@caibc.ca](mailto:jstevenson@caibc.ca)