

Overdose Prevention and Community Healing Fund

2022-2023 Capacity Building Grant Application

FOUNDANT INFORMATION

Select Language: Select your preferred language from a dropdown menu in the top left corner

If you need interpretation or translation support, please email info@scattergoodfoundation.org to connect with an interpreter or receive materials in your preferred language.

To create an account in the Scattergood Foundation's online grant portal, you will need:

- Applicant Name
- Applicant Title
- Applicant Contact Information: Email Address, Phone Number, Address
- Organization Information:
 - Organization Name
 - Organization Contact Information: Address, Email Address, Phone Number, Website
 - Organization EIN
 - 501(c)(3) Status/Fiscal Sponsorship

CAPACITY BUILDING GRANT APPLICATION

Capacity Building Grants are grants for \$20,000 that support a wide range of general, operating uses. Funding can also serve as capacity building grants to support organizational development, training, technical assistance and research.

APPLICATION QUESTIONS

Section I: Organization Information

Organization Overview and Background

1. **Organization Mission and History:** What is your organization's mission and history? (3,000 characters)
2. **Organization Description:** Briefly describe your organization's current programs and activities. Highlight any additional information such as relevant experience or recent accomplishments. (5,000 characters)

Organization Representation: To the best of your ability, please complete the following questions regarding demographic information about your organization's leadership team and board.

3. **Board Membership Racial Diversity:** What percent of your organization's board membership identifies as Black, Indigenous or people of color?
 - Less than 25%
 - 25% - 50%
 - More than 50%
4. **Board Membership Lived Experience:** Does your organization's board include people with mental health or substance use lived experience?
 - Yes
 - No
 - Unsure
5. **Executive Team Racial Diversity:** What percent of your organization's executive team membership identifies as Black, Indigenous or people of color?
 - Less than 25%
 - 25% - 50%
 - More than 50%

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6. **Executive Team Lived Experience:** Does your organization's executive team include people with mental health or substance use lived experience?
 - Yes
 - No
 - Unsure
7. **Staff Racial Diversity:** What percent of your organization's staff identify as Black, Indigenous or people of color?
 - Less than 25%
 - 25% - 50%
 - More than 50%
8. **Staff Lived Experiences:** Does your organization's staff include people with mental health or substance use lived experience?
 - Yes
 - No
 - Unsure
9. **Organization Representation Additional Information:** Is there anything you'd like share about racial diversity and representation of people with mental health or substance use lived experience on your board, executive team, and staff? (2,000 characters)

Financial Information

10. **Annual Budget:** What is your organization's budget for the current fiscal year?
Upload a copy of your organization's annual budget using [this template](#). Allowable files include xls, xlsx.
11. **Annual Budget Narrative:** Please provide a budget narrative for your organization's annual budget. Please include a description of how the funding you are currently requesting will impact your annual budget. (3,000 characters)
12. **Audit or Financial Statement:** Please your organization's previous fiscal year audit or certified financial statement. If your organization is fiscally sponsored, please provide documentation from your fiscal sponsor.
13. **Budget Additional Information:** Is there anything you'd like to share about your organization's budget, audit, or financial statement? (2,000 characters)

Section II: Community Information

Geographic Area

14. **Primary Service Area Location:** Please share the zip code(s) that best describes your organization's primary service area.
15. **Primary Service Area Track Record:** Please share about your organization's track record providing services in the zip code(s) you shared above. (2,000 characters)

Community and Population(s) of Focus

16. **Community Description:** Please describe the community your organization supports. (4,000 characters)

In your answer, please address:

- What is important demographic information about the community you work with?
- Where are your services located?
- What are some key strengths and assets of your community?
- What are unique needs experienced by your community and how does your organization work to ensure their needs are met?

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17. Community Engagement: Please describe how your organization engages the community you serve. (4,000 characters)

In your answer please include:

- How does your organization work together with participants and community members to shape programming and make critical decisions?
- How has your organization worked to build trust and power in your community?
- How does your organization make strides to “meet participants where they are”?
- How does your organization ensure that meetings, actions, and events are accessible to your community?

18. Underserved Populations: Please indicate if your organization serves any of the following underserved, impacted populations [Check all that apply]:

- Black, Hispanic/Latino and People of Color*
- LGBTQIA+*
- Youth (birth - age 24)*
- Pregnant or parenting individuals who engage in substance use*
- Veterans*
- Juvenile-justice involved populations*
- Child-welfare involved populations*
- People who were formerly incarcerated*
- People who have lost a loved one to overdose*
- People with undocumented immigration status*
- Persons with Limited English Proficiency (LEP)*
- People who use drugs*
- Persons in recovery from substance use disorder*
- People experiencing homelessness*
- People who engage in sex work*
- People experiencing poverty and/or housing insecurity*
- Other*
- None of the above*

19. Meeting the needs of underserved Populations: Please describe how your organization meets the unique needs of the population(s) you selected? (3,000 characters)

Section III: Funding Request and Mission Alignment

20. Grant/Organization Focus Area

Please identify the focus area(s) that your organization’s work supports.

[Check at least one of the following grant focus areas]

- Expand community-based prevention, education, and harm reduction*
- Promote and facilitate connections to behavioral health treatment and recovery services*
- Address and respond inclusively to complex, unmet community needs related to substance use for communities of color and underserved populations*
- Heal individual and collective trauma related to substance use*
- Reduce stigma related to substance use in communities*
- Promote public safety and wellness for community workers in the substance use field*

21. Funding Request: Please describe how this grant will be used to support your organizational capacity and activities. (5,000 characters)

Funding may be used to support a wide range of general operating uses. Funding can also serve as capacity building grants to support organizational development, training, technical assistance and research.

In your answer, please address:

- How will this funding support you in advancing the grant/organization focus area(s) you identified?
- How will this funding support your organization to make a positive impact in your community?

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22. **Budget:** Please provide a budget that outlines how you plan to use the grant dollars. [Upload] Please use [this budget template](#). Allowed file types include xls, xlsx. [Upload]
23. **Budget Narrative:** Please provide a budget narrative, please describe how the funding will be used by category. (3,000 characters)
24. **Alignment with Guiding Principles:** Please describe how the work of your organization aligns with the overarching guiding principles and focus of the Overdose Prevention and Community Healing Fund. (2,000 characters)
- The goals of the Overdose Prevention and Community Healing Fund include:
- **Promote community resilience and wellness in communities** impacted by the overdose crisis through trusted community messengers and peer support workers
 - **Improve health outcomes and provide connections to available resources for residents**, including treatment and/or recovery from SUD, housing, social services, public benefits, childcare and employment
 - **Meet residents where they are** - bring evidence-informed harm reduction and substance misuse prevention into communities in ways that are culturally appropriate and respond to specific, unmet needs for participants
 - **Heal and strengthen cohesion and connectivity in communities** through trauma-informed practices
 - **Strive to repair historic strains in relationships between communities and the public sector** including law enforcement, school, and health
 - **Expand capacity of participants** - both organizations and individuals - to pursue sustainable, quality-of-life focused planning and programming in response to the overdose crisis
 - **Ensure representation and equity** across programs and services
25. **Tracking Success:** Please describe what success looks like for your organization, program, or project. How does your organization currently collect data and track program progress and impact? (3,000 characters)
26. **Outcomes of Interest:** Please list outcomes you hope to achieve as a result of this funding. The outcomes should be measurable and achievable within the grant period. Please include three outcomes that your organization is interested in measuring as they relate to program success. (1,000 characters)

Example outcomes may include:

- Improved staff wellness and cohesion
- Improved operational practices
- Increased knowledge about harm reduction practices

Section IV: Additional Information

1. **Capacity Building:** Please list areas in which your organization would be interested in capacity building opportunities. Potential examples include program planning and evaluation, data collection and reporting, budgeting, and trauma-informed practice training. (3,000 characters)
**Your application will not be evaluated based on your answer to this question.*
2. **[Optional]: Letter(s) of Support:** You may submit additional letters of support from key partners/organizations involved in your proposed project.
A Letter of Support Template can be found [here](#).
3. **[Optional]: Is there anything else you would like to add to support this application?**
You may answer this question in writing or by providing a link to a video clip, audio clip, photos, or another medium of communication. The intention of this question is to provide organizations with an additional opportunity to share about their program using whatever communication tool feels right for them. (5,000 characters)