

Overdose Prevention and Community Healing Fund

2023-2024 Organizational Support 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:

- **Organization Information:**
 - Organization Name
 - Employer Identification Number/Tax ID
(If your organization is fiscally sponsored, please contact the Scattergood Foundation)
 - Website
 - Phone
 - Address
 - Email Address
- **User Information:** Name, Phone, Email Address
- **Executive Officer Information:** Name, Phone, Email Address

Organizations that are fiscally sponsored should apply using the fiscal sponsor’s Foundant account. Please reach out to info@scattergoodfoundation.org for help creating an account or if you have any questions.

ORGANIZATIONAL SUPPORT GRANT APPLICATION

Organizational Support Grants for \$20,000 can support organizations that are working to advance overdose prevention, community and family healing, and substance use prevention. Funding can be used to support a wide range of operating and program costs.

APPLICATION QUESTIONS

Section I: Eligibility Requirements

1. **Non-Profit Status OR Fiscal Sponsorship:** Please provide your organization’s 501(c)(3) designation letter from the IRS. If your organization is fiscally sponsored, please provide the fiscal sponsorship agreement AND your fiscal sponsor’s 501(c)(3) designation letter from the IRS. [Upload: Allowable file types include pdf]
NOTE: All fiscal sponsorship agreements should detail the role and responsibility of each party and should describe the administrative fee that the sponsored organization will provide to its fiscal sponsor, as well as any recordkeeping responsibilities that the sponsored organization owes the fiscal sponsor.
2. **Place-Based Applicant Pool:** Please confirm which zip codes this application will primarily serve:

Overdose Prevention and Community Healing Fund

2023-2024 Organizational Support Grant Application

- **Kensington:** The funded work will take place within the **19124, 19133,** and/or **19134** zip codes.
 - **North Philadelphia:** The funded work will take place within the **19132** and/or **19140** zip codes.
 - **Citywide:** The funded work will take place in **City of Philadelphia zip codes other than 19124, 19132, 19133, 19134,** and/or **19140.**
- 3. Organization's Annual Budget:** Applicants **must have an annual budget of \$5 million or less.** Which of the following best represents your organization's annual budget?
- Less than \$50,000 per year
 - \$50,000 - \$200,000 per year
 - \$200,000 - \$500,000 per year
 - \$500,000 - \$2,000,000 per year
 - \$2,000,000 - \$5,000,000 per year
- 4. Current Grantee:** Is your organization a current grantee of the Overdose Prevention and Community Healing Fund?
- Yes
 - No
- If YES, is your organization up to date with all reporting requirements for the current grant cycle?
- Is there anything you would like to note about the status of your current grant with the Prevention Fund? (3,000 characters)
- 5. Informational Session:** I attest that someone from my organization attended OR viewed an informational session.

Section II: Organization Information

Organization Overview and Background

- 6. Organization Mission and History:** What is your organization's mission and history? (3,000 characters)
- 7. 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.

- 8. 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%

Overdose Prevention and Community Healing Fund

2023-2024 Organizational Support Grant Application

9. Board Membership Lived Experience: Does your organization's board include people with mental health or substance use lived experience?

- Yes
- No
- Unsure

10. 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%

11. Executive Team Lived Experience: Does your organization's executive team include people with mental health or substance use lived experience?

- Yes
- No
- Unsure

12. 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%

13. Staff Lived Experiences: Does your organization's staff include people with mental health or substance use lived experience?

- Yes
- No
- Unsure

14. 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

15. Fiscal Year: Please indicate which fiscal year calendar your organization uses.

- January 1 – December 31
- July 1 – June 30
- October 1 – September 30
- Other, please specify.

16. Annual Budget: Please upload your organization's annual budget for the current fiscal year. You may upload a draft budget if appropriate. [Upload: Allowable file types include xls, xlsx, pdf]

17. Audit: Does your organization have an audit?

Overdose Prevention and Community Healing Fund

2023-2024 Organizational Support Grant Application

18. Audit Upload: If yes, please upload your organization's most recent audit. [Upload: Allowable file types include pdf]

19. Form 990: Please upload your organization's most recent Form 990. [Upload: Allowable file types include pdf]

Organizations may upload the following forms based on their Annual Gross Receipts and/or Total Assets:

- *Form 990-N (Annual Gross Receipts of LESS THAN \$50,000)*
- *Form 990-EZ (Annual Gross Receipts of LESS THAN \$200,000 and total assets of less than \$500,000)*
- *Full Form 990 (Annual Gross Receipts of GREATER OR EQUAL TO \$200,000 OR total assets greater than or equal to \$500,000)*

20. Additional Information re: Organizational Financials: Is there anything you'd like to share about your organization's budget, audit, or financial statement? (2,000 characters)

Section III: Community Information

Geographic Area

21. Primary Service Area Location: Please share the zip code(s) that best describes your organization's primary service area.

22. 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

23. 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?

24. 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*

Overdose Prevention and Community Healing Fund

2023-2024 Organizational Support Grant Application

- *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*

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

26. 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 ensure that meetings, actions, and events are accessible to your community?

Section IV: Funding Request and Mission Alignment

27. 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]

- **Overdose Prevention:** *The focus of the funded work is to prevent overdose among people who use drugs. Work in this focus area can include but is not limited to outreach, education, harm reduction, treatment, and recovery services.*
- **Community and Family Healing:** *The focus of the funded work is to promote healing for individuals, families, and communities that have been impacted by the overdose crisis. Work in this focus area can include but is not limited to grief counseling and healing services, building social connection and resilience in impacted communities, and supporting the wellbeing of community workers in the substance use field.*
- **Substance Use Prevention:** *The focus of the funded work is to provide education and supportive opportunities for people who may be at risk of using drugs. Work in*

Overdose Prevention and Community Healing Fund

2023-2024 Organizational Support Grant Application

this focus area can include but is not limited to awareness building and outreach, education, training, and other prevention-focused programming.

28. Funding Request: Please describe how this grant will be used to support your organizational operating and/or program costs. (5,000 characters)

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?

29. Budget and Budget Narrative: Please provide a budget that outlines how you plan to use the grant dollars. Please provide a detailed narrative for each line item, explaining how each expense will support your organization's work. [Upload: Allowable file types include xls, xlsx].

All Budgets MUST be submitted using this [budget template](#).

30. Alignment with Community-Identified Core Values: The Overdose Prevention and Community Healing Fund is guided by the community-identified core values listed below. Please describe how your organization's work aligns with these core values. (2,500 characters)

- We prioritize **community voice and participation** in decision making.
- We highlight **community strengths and opportunities for growth**.
- We consider the **whole person and their context**.
- We support a range of services to **meet people where they are**.
- We seek **justice, challenge oppression, and distribute resources equitably**.
- We are **open to change and responsive** to new learning.
- We draw on **lived experience, data, and evidence** to inform strategy.

31. 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 at least three outcomes that your organization is interested in measuring. (1,000 characters)

Example outcomes may include:

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

32. Feedback, Learning and Growth: Please describe how the organization plans to gather feedback, learn, and grow during the grant year. (2,000 characters)

33. [Recommended] Share your Passion for the Work: Please upload a 1-2 minute video or audio recording sharing your passion for the work your organization does. [Upload: Allowable file types include mp4, mov, wmv, mp3, wav]

Overdose Prevention and Community Healing Fund

2023-2024 Organizational Support Grant Application

Videos/recordings must be brief and not produced – we're hoping for a selfie video or simple audio recording that one could make using a phone. The intention of this question is to provide organizations with an opportunity to share their passion and commitment using a communication tool other than the written word.

Section V: Additional Information

34. Application Summary: Please provide brief overview of your organization's goals and how this grant will support your work. (1,500 characters)

We recommend that you complete your application first. Then, as your last step before submitting, pull the most important content into your summary.

35. [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](#).

36. [Optional]: Additional Information: Please share any additional information to support this application. (5,000 characters)