

# Overdose Prevention and Community Healing Fund

## 2023-2024 Program 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](mailto: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](mailto:info@scattergoodfoundation.org) for help creating an account or if you have any questions.*

### **PROGRAM GRANT APPLICATION**

**Program Grants for \$100,000** can support **specific programs and projects** that directly advance overdose prevention, community and family healing, and substance use prevention. Funding can be used to support staff time and specific program-related 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.*

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2. **Place-Based Applicant Pool:** Please confirm which zip codes this application will primarily serve:
  - **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?

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- Less than 25%
- 25% - 50%
- More than 50%

**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.

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**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?

**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 II: 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.

### 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*

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- *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*

**25. Meeting the Needs of Underserved Populations:** Please describe how your organization is equipped to meet 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 III: Program Description and Mission Alignment

#### 27. Program Name

#### 28. 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*

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

**29. Program Description:** Please describe your program model and activities. (7,500 characters)

In your answer, please address:

- Will the funding you request support an existing program or new program?
- How does your proposed program advance the Grant Focus Area(s) you selected?
- Is your organization partnering with any other organizations or community groups to complete the program activities? If so, please list the community partnerships and describe each partner's role.

**30. Evidence-Based or Evidence-Informed Approach:** To what extent is your proposed program evidence-based or evidence-informed? (3,000 characters)

*An Evidence-Based Practice (EBP) refers to any approach to prevention, treatment, or recovery that is backed by some form of documented research evidence and has been shown to be effective. Please use the [SAMHSA Resource Finder](#) (or a database of your choice) to cite any reliable sources that support your proposed prevention programming and explain why.*

*If your proposed practice has not yet been studied or previously adapted to your population of focus, you may also explain how and why you believe your program will be effective and what you consider to be meaningful measures of success for your target community.*

**31. Program Implementation Plan:** Please describe your plan for implementing the program. (5,000 characters)

In your answer, please address the following questions:

- What is your timeline for implementation?
- Who are the staff members responsible for implementing the program?

**32. 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](#).**

**33. Alignment Community-Identified Core Values:** The Overdose Prevention and Community Healing Fund is guided by the community-identified core values listed

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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

**34. 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 as they relate to program success. (1,000 characters)

Example outcomes may include:

- Increased knowledge of substance use disorders, overdose reversal, and how to support a loved one who may be experiencing a substance use disorders
- Increased prosocial behavior among youth participants
- Improved community cohesion
- Increased linkages to treatment and/or recovery programs
- Increased community engagement in activities promoting health and safety

**35. Tracking Outcomes** Please describe how your organization plans to collect data and track program progress and impact? (3,000 characters)

**36. Feedback, Learning and Growth:** Please describe how the organization plans to gather feedback, learn, and grow during the grant year. (3,000 characters)

**37. [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]

*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

**38. 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.*

**39. [Optional]: Letter(s) of Support:** You may submit additional letters of support from key partners/organizations involved in your proposed project.

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*A Letter of Support Template can be found [here](#).*

**40. [Optional]: Additional Information:** Please share any additional information to support this application. You're welcome to share a story about your work, photos, press clippings, or other relevant materials. (5,000 characters)