**Request for Grant Applications (FY2025-26): Supports for People with Lived Experience**

**Description**

As a part of the Polk County Opioid Settlement Funds FY2024-26 Strategic Plan, five awards of up to $200,000 ($1,000,000 total) in grant funding will be awarded to organizations in FY2025-26 that will provide immediate interventions to save lives and enrich the quality of life and services for people with lived experience that fall under the [Opioid Abatement Strategies](https://www.iowaattorneygeneral.gov/media/cms/Exhibit_1_56D35860884A2.pdf) Schedule B Letter B, Support People in Treatment and Recovery; Letter C, Connections to Care; and Letter H, Harm Reduction. These strategies are historically underfunded, and opioid settlement funds provide a unique opportunity for organizations to cover start-up costs for innovative programs or expand existing programs with limited capacity in Polk County. Programs must directly support people who are using substances, in treatment, and/or are in recovery. Program examples include, but are not limited to:

* Filling gaps in wrap-around services for people receiving treatment for Opioid Use Disorder and co-occurring disorders and their families
* Providing health services for people with lived experience that are uninsured or underinsured
* Expanding the capacity of peer-ran organizations
* Conducting harm reduction outreach, including mobile services and naloxone distribution outside the scope of current Iowa Health and Human Services programs

Preferred projects will:

* Incorporate all the Guiding Principles for Polk County’s settlement spending outlined in the Strategic Plan, available on the Polk County Behavioral Health & Disability Services “Opioid Settlement Funds” webpage.
* Include a strong sustainability plan, including demonstrated knowledge of and action toward securing additional funding streams.
* Demonstrate a commitment to community collaboration.

**Eligible Applicants**

* Private, non-profit, not-for-profit, or non-county public organizations that conduct business in Polk County may apply.
* Organizations are encouraged to partner on a joint application and provide a letter of agreement outlining each organization’s roles and responsibilities regarding the project. If organizations are applying jointly, one organization will act as the fiduciary agent and receive allocations. The fiduciary agent is responsible for submitting reports.
* Organizations may be a part of up to two applications. Organizations listed in two applications must have a partner organization and apply jointly on at least one application, or neither application will be considered.
* Organizations must serve people who use opioids (intentionally or unintentionally), have an Opioid Use Disorder, and/or are in recovery for Opioid Use Disorder.
* Organizations must follow the [principles of harm reduction](https://harmreduction.org/about-us/principles-of-harm-reduction/), as outlined by the National Harm Reduction Coalition.
* Organizations must consent to having information regarding their project available to the public to adhere to the settlement reporting guidelines of the National Opioid Abatement Trust and the Attorney General of Iowa.

**Funding Overview**

* Up to five projects will be awarded up to $200,000 for FY25-26 for direct programmatic costs from July 1, 2024 to June 30, 2026.
	+ Up to $100,000 will be allocated in July of 2024.
	+ Up to $100,000 will be allocated in July of 2025.
	+ Applicants can ask for an exception to receive $200,000 in FY25. Applicants must explain why it’s in the best interest of their project in the budget section of the application.
* No funding match is required.
* Any direct program expense, including staff, equipment, and program participant goods and services may be included in the project budget.
* Funds not spent by the end of FY25 will roll over to FY26.
* Any unspent funds by June 30, 2026 will be returned to the Polk County Opioid Settlement Fund unless otherwise specified.

**Reporting Requirements**

Reports will include the following information:

* Report 1: Due Nov. 1, 2024
	+ A brief summary of initial activities and any barriers to implementation. A check-in meeting with Polk County Behavioral Health & Disability Services in late 2024 will be required to discuss progress, address barriers to project implementation, and receive technical assistance, if needed.
* Report 2: Due Sept. 1, 2025 for FY25 expenditures and activities
	+ Receipts and records of funds spent during the past fiscal year
	+ Progress of goals and outcomes during the reporting period
* Report 3: Due Sept. 1, 2026 for all FY25-FY26 expenditures and activities
	+ Receipts and records of funds spent
	+ Progress since the last report, outcomes, a sustainability plan, and recommendations for future projects
* Reporting requirements are subject to change as new guidelines from the National Opioid Settlements and the Attorney General of Iowa are released.
* Grantees are responsible to reimburse funds if Polk County deems expenditures not allowable under [Exhibit 1-E of the National Opioid Settlement agreements](https://www.iowaattorneygeneral.gov/media/cms/Exhibit_1_56D35860884A2.pdf).

**Application Process**

* Applications open April 19, 2024 and will be available on the Polk County Behavioral Health & Disability Services “Opioid Settlement Funds” webpage.
* Applications must be submitted by 5:00 pm on May 22, 2024 to be considered.
	+ Send applications to Gabbie Ruggiero, Opioid Settlement Program Planner, by email (gabbie.ruggiero@polkcountyiowa.gov) with “Supports Grant application” in the subject line.
	+ The application, and all supplemental documents, should be submitted as .PDFs.
	+ Any application not deemed eligible will be declined.
* Applicants will be notified by May 30, 2024 if their application will be sent to the Board of Supervisors for approval as a resolution. Organizations must sign final agreements by June 4, 2024.
* A resolution to fund applicants will tentatively be heard by the Board of Supervisors on June 18, 2024. If the resolution passes, grantees will receive funds early July.
* Written questions regarding the application contents and process may be submitted to Gabbie Ruggiero at Polk County Behavioral Health & Disability Services: gabbie.ruggiero@polkcountyiowa.gov. Please allow two business days for a response.
* Free live and self-paced professional development opportunities on grant writing are available at <https://learning.candid.org/>.

**Grant Application (FY2025-26): Supports for People with Lived Experience**

**Application Guidance**

* Reading the Polk County Opioid Settlement Funds Strategic Plan is *highly* recommended before applying.
* While there is no word count limit, please keep answers as succinct as possible.
* Applications must be submitted by 5:00 pm on Wednesday, May 22, 2024.
	+ Send applications to Gabbie Ruggiero, Opioid Settlement Program Planner, by email (gabbie.ruggiero@polkcountyiowa.gov) with “Supports Grant application” in the subject line,
	+ The application, and all supplemental documents, should be submitted as .PDFs.

**Additional Requirements for Joint Applicants**

* Joint applicants need only submit one application.
* Please indicate which agency will be the fiduciary agent receiving the funds from the County by listing them as the primary organization. The primary organization will be responsible for submitting reports and all documentation of expenditures for both organizations, including the transfer of funds from one organization to another.
* A letter of agreement, with signatures from authorized representatives from both organizations, must be submitted with the application. The letter should outline the roles and responsibilities of each organization.
* It must be clear in the project budget which organization is receiving revenues and making expenditures for each line item.

**Document Checklist**

* [PROJECT NAME] application – required
* [PROJECT NAME] letter of agreement –required for joint applicants
* [PROJECT NAME] letter of support – optional
* [ORGANIZATION NAME] budget – required for each organization
* [PROJECT NAME] budget – required

**[INSERT PROJECT NAME]**

**Organizational Information**

*Primary Organization*

**Legal organization name:**

**Common name – doing business as:**

**Tax ID:**

**Legal status:** for profit \_\_ non-profit \_\_ public \_\_ other (please specify) \_\_

**Address:**

**Phone:**

**Website URL:**

**Primary contact name:**

**Contact title:**

**Contact email:**

**Contact phone:**

**Organizational licenses and accreditations relevant to your field:**

**How does your organization serve people who use opioids, have an Opioid Use Disorder, and/or are in recovery for Opioid Use Disorder?**

**How does your organization follow the principles of harm reduction?**

*Secondary Organization (only required for joint applicants)*

**Legal organization name:**

**Common name – doing business as:**

**Tax ID:**

**Legal status:** for profit \_\_ non-profit \_\_ public \_\_ other (please specify) \_\_

**Address:**

**Phone:**

**Website URL:**

**Primary contact name:**

**Contact title:**

**Contact email:**

**Contact phone:**

**Organizational licenses and accreditations relevant to your field:**

**How does your organization serve people who use opioids, have an Opioid Use Disorder, and/or are in recovery for Opioid Use Disorder?**

**How does your organization follow the principles of harm reduction?**

**Project Overview and Organization Capacity**

**Please identify the main opioid abatement strategy under which your program falls from** [**Exhibit 1-E of the National Opioid Settlement agreements**](https://www.iowaattorneygeneral.gov/media/cms/Exhibit_1_56D35860884A2.pdf)**.**

* Schedule B Letter B, Support People in Treatment and Recovery, number(s):
* Schedule B Letter C, Connections to Care, number(s):
* Schedule B Letter H, Harm Reduction, number(s):

**Describe your proposed project, including:**

* How your project will involve direct supports for people with lived experience
* Types of services that will be provided
* How services will be delivered
* If, and how, the project is innovative for our community
* What you expect to be different in our community as a result of the project
* Why your organization(s) is best to lead this project

If you are applying in partnership with another agency, please include a letter of agreement outlining each organization’s role in the project in your application email as “[PROJECT NAME] letter of agreement.”

**Describe your capacity to implement the proposed project, including staffing and any relevant experience with similar projects or programming, including past achievements and evidence of impact.**

**Explain how you already, or plan to, partner with other organizations to carry out this project, outside of your partner organization if applying jointly.** You may include a letter of support to demonstrate a relationship with a partner that will support project implementation in your application email as “[PROJECT NAME] letter of support.”

**Describe the population served by this project.** How will you reach them? How many people do you estimate will be served, and how did you estimate that number? How will services address health disparities and be culturally and linguistically appropriate?

**Goals**

You may answer the following three questions in narrative form or in a table.

1. **Please list goals and a timeline for your project.** Goals should be SMART: specific, measurable, achievable, relevant, and time-bound.
2. **Describe the plans, methods, and/or activities to complete your goals, including key staff responsible.**
3. **List projected, measurable outcomes for the project.**

**Please identify at least one potential barrier to achieving your goals and how you will work to overcome them.** Polk County will help provide technical assistance throughout the funding period.

**Explain how you plan to evaluate your project, including how you will measure if your project did or did not achieve your goals.**

**Adherence to the Guiding Principles**

Guiding Principles for Polk County’s settlement spending are outlined in the Strategic Plan, available on the Polk County Behavioral Health & Disability Services “Opioid Settlement Funds” webpage.

**How will this project involve and integrate peers?**

**What evidence is there to support a need for this project?** Include data, if available.

**What evidence is there that your project, or projects like yours, have or will have an impact on people with lived experience?**

**How does your organization(s) address health disparities in communities of color?**

**Will your project address health disparities in communities of color? If so, please describe.**

**Sustainability**

**Please describe the funding streams that you already receive, you have applied for, or you’re planning on applying for to support this project during the grant period and after the grant period ends.** This may include private funds, public funds, donations, grants, or revenue.

**Please explain your sustainability plan for your project after the grant period ends to the best of your ability at this time. If staff are being hired as a result of this funding, please include how you will retain them.**

**Budget**

**Please attach a budget for your organization(s)** that includes July 1, 2024 through June 30, 2025 as “[ORGANIZATION NAME] budget” to your application email. Including multiple files to encompass these dates is permitted; for example, you may include your current and future budget and go outside of these date parameters. If you do not have a budget that spans until June 30, 2025, please indicate when that budget will be available below. Each organization in a joint application must submit a budget.

**Please attach a line-item project budget, including expenditures and revenues from all funding sources** as “[PROJECT NAME] budget” to your application email for the entire project period. Include a brief explanation on additional tentative funding and notes as needed. For joint applicants, it must be clear in the project budget which organization is receiving revenues and making expenditures for each line item.

**Attestation**

**Describe any family or business connections the applicant(s) have to the members of the Board of Supervisors, to their immediate families, or to any County employees as specified in Iowa Code 331.342.**

By submitting this application on behalf of your organization, you attest:

* I understand that all funding awards are tentative until they pass as a resolution through the Polk County Board of Supervisors for allocation.
* I understand that if I am awarded opioid settlement funds, in accordance with the reporting requirements of the National Opioid Abatement Trust and the Attorney General of Iowa, all information specific to our project in this application and in future reports may be made available to the public.
* I understand reporting requirements may change due to new settlements and oversight.
* I acknowledge the above information is accurate to the best of my knowledge, and my organization is prepared to proceed with implementation of the project upon grant approval.

**Signature of authorized**

**representative:**

**Title:**

**Date:**