

# CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

1020 Sundown Way, Roseville, CA 95661

Phone: 916-929-9761 · [www.crihb.org](http://www.crihb.org)



## REQUEST FOR APPLICATIONS

### *Opioid Coalition Participation*

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#### **Important Dates**

Project Period: January 1, 2020 – June 1, 2021

Application Deadline: Rolling deadline before May 1, 2021

Final Report Due: June 1, 2021

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# Opioid Coalition Participation Mini Grant Opportunity

## Background

Thank you for your interest in the *Opioid Coalition Participation* mini grant opportunity. This funding opportunity has been made available as part of the California Rural Indian Health Board, Inc. (CRIHB) Tribal Medication Assisted Treatment (MAT) project funded by the California Department of Health Care Services (DHCS)'s Substance Abuse and Mental Health Services Administration (SAMHSA)-funded State Targeted Response to the Opioid Crisis grant.

## Opioid Coalition Participation Mini Grant Opportunity Description

CRIHB will fund Tribes, Tribal Health Programs, and Tribal Indian stakeholders to participate in an Opioid Coalition to address the opioid crisis in California Tribal communities. Tribal Indian Stakeholders are defined as organizations or programs which are Indian-led and provide substantial services to Tribal communities.

An Opioid Coalition can be one of the CRIHB-funded Tribal Local Opioid Coalitions listed below or one of the California Safety Opioid Network participants.

The Tribal Local Opioid Coalitions include: Big Valley Rancheria, Mathiesen Memorial Health Clinic, Northern Valley Indian Health, Round Valley Indian Health Center, Sonoma County Indian Health Project, Toiyabe Indian Health Project, Tule River Tribe, and Yurok Tribe.

The California Safety Opioid Network participants can be found at:

<https://californiaopioidsafetynetwork.org/about-the-network>

## Required activities

Each funded Tribe, Tribal Health Program, and Tribal Indian stakeholder will be required to complete the below activities:

1. Attend at least two Opioid Coalition meetings
2. Submit documentation of meeting attendance
3. Submit a final report due June 1, 2021

## Eligibility

Applicants must:

- Be a Tribe, Tribal Health Program, or Tribal Indian stakeholder
- Have capacity to attend Opioid Coalition meetings

## Project Period

Applications are accepted on a rolling basis before May 1, 2021. The project period to complete activities is before June 1, 2021.

## Funding available

Approximate number of mini-grants: 15

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The mini grant amount will be \$5,000 to support attendance to Opioid Coalition meetings. After a program is officially notified of funding, 50% of the mini-grant will be given upfront and the remaining 50% will be issued upon completion of required activities. All mini-grant funds are required to be invoiced by the date noted in the funding notification.

## Budget Guidelines

Funds should be utilized to cover the costs of attending Opioid Coalition meetings.

## Contact Information

CRIHB is the lead agency for this project. The Research and Public Health Department will administer and manage this funding opportunity.

### CRIHB Lead:

Daniel Domaguin

Tribal MAT Project Director

[ddomaguin@crihb.org](mailto:ddomaguin@crihb.org)

(916) 929-9761

## How to Apply

Applications will be received on a rolling basis. However, all applications *must* be received by 11:59pm (PST) on May 1, 2021 in order for funds to be utilized by June 1, 2021.

Application *must* be submitted to CRIHB via email to [ddomaguin@crihb.org](mailto:ddomaguin@crihb.org).

# Opioid Coalition Participation Mini Grant Opportunity

## Application

### CONTACT INFORMATION

Tribe, Tribal Health Program or Tribal Indian stakeholder organization Name	
Street Address	
City, State, Zip Code	
Phone	

### OFFICIAL CONTACT (CEO, Chairperson, Tribal Administrator)

Name	
Title	
Work Phone	
E-Mail Address	

### PROJECT LEAD (Responsible for attending Coalition meetings)

Name	
Title	
Work Phone	
E-Mail Address	

### FISCAL CONTACT (Person who oversees the accounting of contract funds)

Name	
Title	
Work Phone	
E-Mail Address	

### AMOUNT OF REQUESTED FUNDING

Amount Requesting	\$ _____
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### Local Opioid Coalition

Please list the name of the Opioid Coalition you plan on attending:

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Please list the dates of the two (2) meetings you plan on attending:

1. \_\_\_\_\_

2. \_\_\_\_\_

# Opioid Coalition Participation Mini Grant Opportunity

## AUTHORIZED SIGNATURE (CEO or Chairperson)

Name (printed)	
Signature	
Title	
Date	