

CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

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[Tribal] A unified response to
the opioid crisis in
[MAT] California Indian Country

REQUEST FOR APPLICATIONS

*Supporting Tribal Culturally Based Community Events
to Prevent Opioid Use and Abuse*

Important Dates

Project Period: December 1, 2020 – June 1, 2021
Application Deadline: Rolling deadline before May 1, 2021
Final Report Due: June 1, 2021

Supporting Tribal culturally-based community events to prevent opioid use and abuse

Background

Thank you for your interest in the *Supporting Tribal Culturally Based Community Events to Prevent Opioid Use and Abuse* funding 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.

Funding Description

CRIHB will fund up to 15 Tribes, Tribal Health Programs, or Tribal Indian stakeholders to organize Tribal culturally-based community events 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.

Project Requirements

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

1. Community education workshops or sessions
2. Youth prevention activities or events
3. Recovery support services
4. Culturally-based prevention activities

Eligibility

Applicants must:

- Be a Tribe, Tribal Organization, or Tribal Indian stakeholder
- Have capacity to complete the planned activities within the project period.
- Have not received funding through the CRIHB-funded Tribal Local Opioid Coalition funding opportunity

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

A one-time mini-grant amount will range from \$5,000 - \$10,000 to support the activities. This is a competitive funding opportunity; programs will be funded based on the application review. After a program is officially notified of funding, a segment of the mini-grant will be given upfront and the remaining amount will be issued upon completion of project activity. All mini-grant funds are required to be invoiced no later than June 1, 2021.

Application Guidelines

A completed application includes an Activity Description, Statement of Need, Organizational Capacity Statement, and a Budget.

Applicants will be notified if additional documentation is required. All application documents must be submitted in a typewritten format and submitted by 11:59pm (PST), May 1, 2021.

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Budget Guidelines

The purpose of the budget narrative is to present and justify all expenses required to complete the proposed activity. In general, the budget narrative should provide as much detail and justification as necessary and explain why each of the line item is needed to accomplish the proposed activity.

Salaries and Wages: Include information for each requested position, providing:

1. Name of staff member occupying the position, if available;
2. Annual salary;
3. Percentage of time budgeted for this program; and
4. Total salary requested;

Fringe Benefits: Usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation;

Supplies: Activity supplies may be shown by an estimated amount. Also, provide a justification for the use of each item and relate it to the proposed activity. No single item purchase of \$5,000 or more and no aggregate total of \$5,000 to one single vendor;

Travel: Whenever possible, list “who, what, where, when, and why.” Use federal lodging, mileage, and per diem rates for relevant travel, including but not limited to participant attendance to activity.

Consultant Services: Please indicate the services of non-employees such as presenters or speakers.

Other Direct Costs: This line item may include postage, printing, meeting room expense, etc.

Review Criteria

All applications will be reviewed by a selection committee comprised of staff from a variety of CRIHB departments. Individual comments on final applications will not be provided. Applications will be rated based on the following criteria:

- The degree to which the proposal meets all RFA requirements; and
- The feasibility of achieving project activities within the estimated timeframe and budget.

Contact Information

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

CRIHB Lead:

Daniel Domaguin

Tribal MAT Project Director

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.

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Funding Limitations

Mini-grant funds may not be used to substitute for or replace funds already allocated or spent for the same activity. These funds may not be used for clinical services, purchase of furniture or equipment (Equipment—Tangible, non-expendable personal property charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit), to construct or renovate facilities, for lobbying, or for travel unrelated to the project. Mini-grant funds may be used for project staff salaries, supplies, project-related travel, and other direct expenses related to the project plan. Funds may not be used for construction.

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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 carrying out project activities)

Name	
Title	
Work Phone	
E-Mail Address	

FISCAL CONTACT (Person who oversees the accounting of funds)

Name	
Title	
Work Phone	
E-Mail Address	

AMOUNT OF REQUESTED FUNDING

Amount Requesting	
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Required Activities

Select which activity you are implementing:

- Community education workshops or sessions
 - Youth prevention activities or events
 - Recovery support services
 - Culturally-based prevention activities
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A. NEED

Describe the opioid-related issues that affect the Tribal community or communities you plan to serve through this activity.

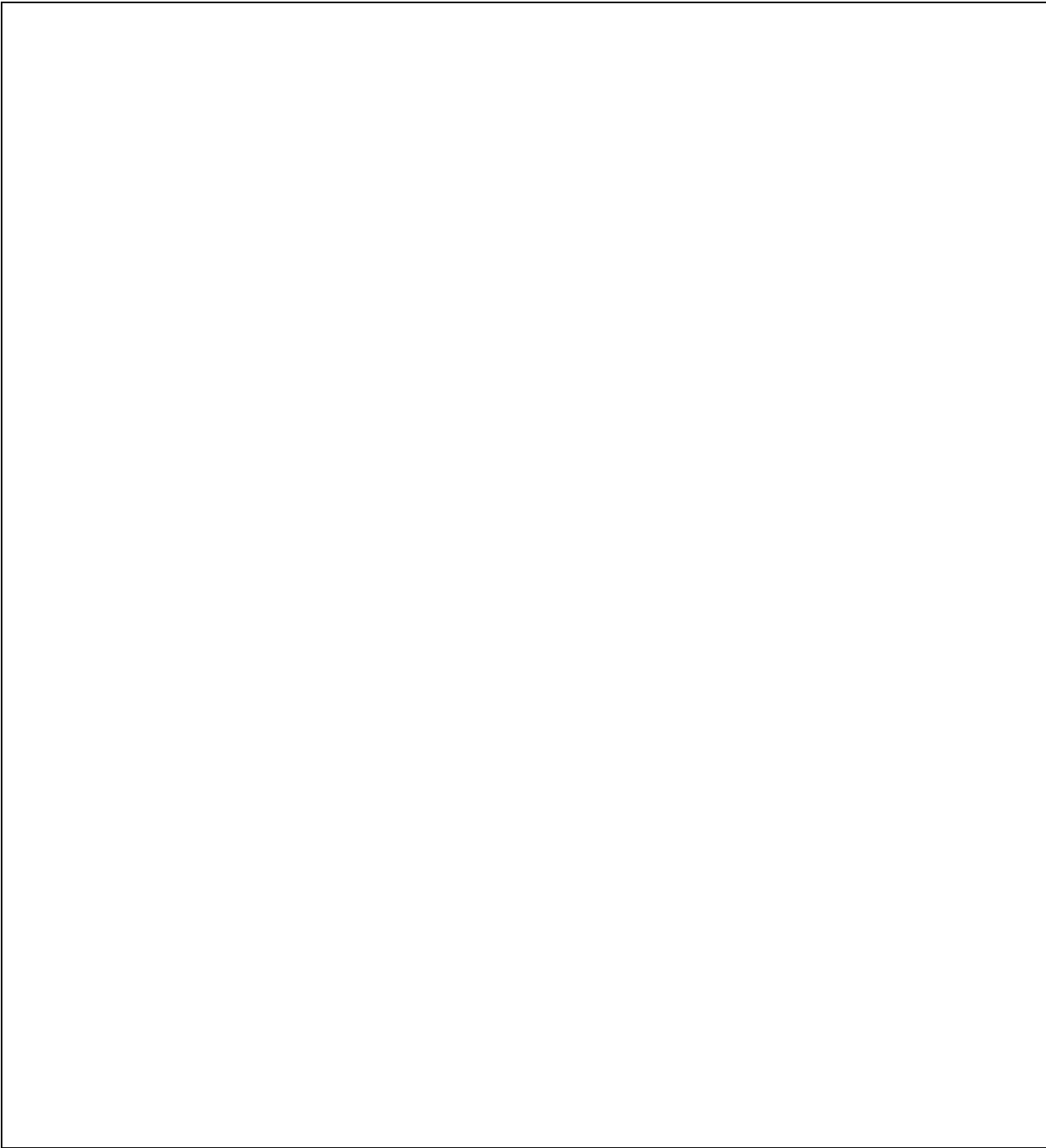
B. ORGANIZATIONAL CAPACITY

Describe adequate staffing and experience to ensure the activity's success. Include the system and methods for financial reporting, budget management, and administration.

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C. ACTIVITY DESCRIPTION

Explain the activity you plan on organizing and implementing. Describe the audience. Describe what you hope to accomplish with this activity. How will this activity address opioid use and abuse in Tribal communities?



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D. Budget

CATEGORY	NARRATIVE	AMOUNT REQUESTED
Salary		\$
Fringe		\$
Supplies		\$
Travel		\$
Consultant/Contractual		\$
Other		\$
	TOTAL	\$

AUTHORIZED SIGNATURE (CEO, Chairperson, Tribal Administrator)

Name (printed)	
Signature	
Title	
Date	