

Appendix B: Opioid Restitution Fund Community Grant Proposal Questions

Opioid Restitution Fund Community Grant Program

Baltimore Mayor's Office of Recovery Programs

Organizational Information and Due Diligence

Organization Full Legal Name*

Character Limit: 100

Please upload your Organization's W9*

File Size Limit: 3 MB

What is the organization's mission statement?*

Character Limit: 1000

Please provide a description of the organization's existing services.*

Character Limit: 1000

How many years have you been operating in Baltimore City?*

Character Limit: 250

Does your organization have a conflict of interest policy?*

Select one

[Choices](#)

Yes

No

Unknown

If yes, please provide the conflict of interest policy.

File Size Limit: 3 MB

Is your organization in Good Standing with the State of Maryland?*

[Choices](#)

Yes

No

Unknown

If yes, please upload the confirmation of Good Standing from SDAT.

File Size Limit: 3 MB

If you have one, what is your organization's Unique Entity Identifier (UEI)?

Character Limit: 250

Is your organization a registered 501(c)(3)?*

Please note that if you are not a registered 501(c)(3), you are ineligible to receive a Tier 2 or Tier 3 award.

Choices

Yes

No

Unknown

What was your organization's operating budget in your previous fiscal year*

Character Limit: 20

Please provide a balance sheet/statement of financial position.*

File Size Limit: 3 MB

Has your organization received City, State, or Federal funds in the last five years?*

Select all that apply.

Choices

City

State

Federal

None of the Above

Legal Actions*

Does your organization have or has your organization previously had a lawsuit(s) filed against it within the last 3 years?

Choices

Yes No

Unknown

Legal Actions- Additional Information

If yes, list all pending and/or previous lawsuits with information regarding who filed the lawsuit, the reason for filing, and the final judgment rendered.

Character Limit: 1000

Has it been more than two years since your organization received any type of financial audit?***Choices**

Yes

No Unknown

If yes, please explain why the organization has not been audited in more than two years.

Character Limit: 1000

Financial support to your organization/project.*

Does your organization have, either internal or external, financial staff to support this project such as a CFO, Controller, Treasurer, Accountant, other financial staff, or Fiscal Sponsor?

Choices

Yes

No

Unknown

Financial Support- Additional Information

If yes, provide their names, titles, relationship to organization (e.g., staff, consultant, fiscal sponsor), and percent of time they will be dedicated to the project:

Character Limit: 1000

Project Overview

This proposal is a concise overview of your project. It provides a description of the project, identifies potential performance measures, and offers a high-level overview of the budget and potential cost impacts. The information provided in the proposal will be reviewed for eligibility by the Recovery Office. As a reminder and as outlined in the Applicant Instructions, the following uses are unallowable:

- Law enforcement-centered or carceral approaches
- Stigmatizing or discriminatory practices
- Services or supplies already funded through statewide settlements unless clearly distinct and non-duplicative (e.g., purchasing overdose reversal products)
- Indirect or overhead costs above 15%

Confirmation of Allowability*

Please confirm that you have reviewed the above unallowable uses and that your project does not include any.

Choices

Confirm

Do not Confirm

Project Name*

Include a brief and precise project title. For example, "Expanding Medication for Opioid Use Disorder in Southwest Baltimore."

Character Limit: 250

Description of proposed activities*

Please describe your project here. Include the overall objective and any key benefits you expect.

Character Limit: 5000

Project Location(s)*

Provide a brief description of the proposed project's target location, including neighborhood and/or zip code.

Character Limit: 1500

Collaboration and Synergy*

Please give an overview of any partnerships or collaborations with other organizations or City Agencies that your project will leverage during implementation. This can include any synergies with existing programs in your target geography.

Character Limit: 2500

Tier*

Please read the descriptions below closely and select the tier for which you are applying.

Tier 1 grants are up to \$50,000. Increase access to low-barrier social services (housing, transportation, food assistance, education, and employment) for people who use drugs and people with substance use disorders. (Strategy 12). Inclusion of Strategic Plan Activities 7a, 1b, 1c, and 12c is also highly encouraged.

Tier 2 grants are up to \$250,000. There will be between 2 and 4 grants awarded. Increase access to a full array of low-barrier harm reduction services (including naloxone distribution, drug checking, syringe service programs, wound care, and other evidence-based strategies) (Activity 7a). Inclusion of Strategic Plan Activities 7a, 1b, 1c, and 12c is also highly encouraged.

Tier 2 funding must include robust harm reduction services, as outlined in Activity 7a, which states the City aims to increase access to a full array of low-barrier harm reduction services (including naloxone distribution, drug checking, syringe service programs, and other evidence-based strategies)

Tier 3 grants are up to \$500,000. There will be between 2 and 3 grants awarded. Increase availability of low-barrier mobile harm reduction and treatment services, specifically in geographic areas that are disproportionately affected by overdose but may not have the necessary number of services to meet the need (Activity 1c). Inclusion of Strategic Plan Activities 7a, 1b, 1c, and 12c is also highly encouraged

Tier 3 funding must include robust harm reduction services, as outlined in Activity 7a, which states the City aims to increase access to a full array of low-barrier harm reduction services (including naloxone distribution, drug checking, syringe service programs, and other evidence-based strategies), and low-barrier, harm-reduction-informed clinical treatment.

Choices

Tier 1 (up to \$50,000)

Tier 2 (up to \$250,000)

Tier 3 (up to \$500,000)

Implementation Plan

Additional Resources*

If this project is funded, does the organization have the capacity to implement the project with existing resources? Would the organization require additional staff, technology, or other physical, social, or organizational resources for this project to succeed? Please describe.

Character Limit: 2500

Project Timeline*

Describe the project timeline, using general "Month 1," "Month 2," etc. labels to account for any schedule changes as projects ramp up. Include key dates and break out short-term accomplishments from long-term goals. Please also describe any plans for sustaining the project after the grant ends, if relevant.

Character Limit: 2500

Risks*

Describe the risks or challenges for the successful implementation of this project.

Character Limit: 2000

Evaluation

Outcomes*

Describe what success means in the context of this project. How will outcomes change over time due to its implementation? (e.g., "% reduction in the rate of fatal overdoses")

Character Limit: 1000

Performance Measures*

Define 3-5 potential performance measures for this project. Each performance measure should include the source of your data and the ability to access and report on that data.

Performance measures are outputs, outcomes, or other indicators that the project administration team can use to understand and quantify the success of your project over time. (e.g., "Number of encounters in funded program(s)").

Character Limit: 2000

Financial Information

Total Amount Requested*

Please provide your total proposed project value. This amount must be aligned with the project tier selected in the "Project Overview" section above.

Character Limit: 20

Project Budget*

List all expenses associated with the project (salaries, contracts, materials, equipment, grants, etc.). Provide a brief description of the expense and indicate if it is one-time or recurring. Enter each expense on a new line, starting with the dollar value.

You may attach a budget document or type into the available space below.

Character Limit: 2,500 | File Size Limit: 5 MB

Character Limit: 2500/ File Size Limit: 3 MB

Additional Information

Optional Additional Information

Please include any additional information you would like to include in your proposal that was not mentioned in the previous sections. (Optional)

If there are any files or images you would like to share as part of this application, upload your content here. Please only share files that are relevant and add additional value to your proposal. Non-pertinent or excessive content will not be evaluated. (Optional)

Character Limit: 3000 | File Size Limit: 3 MB

Character Limit: 3000/ File Size Limit: 3 MB

Certification

I certify that the information provided in this proposal is true and correct to the best of my knowledge. I am authorized to submit this proposal. I attest that this organization has an operating office in the City of Baltimore. I understand that the submission of this proposal does not constitute a formal application or a commitment to fund.

Electronic Signature*

Type your full name below to certify that the above statement is true.

Character Limit: 100