

**INITIAL APPLICATION TEMPLATE:
FY 2022 Centralized Coordinating Entity (CCE) Naloxone Distribution Expansion Grant**

PLEASE NOTE: This document provides an overview of the questions and information asked in PCCD’s Centralized Coordinating Entity Naloxone Distribution Expansion Grant Initial Funding Request Form (SurveyMonkey) as a reference tool/template ONLY. This document is not intended to serve as an application/request form.

All initial funding requests must be completed using the CCE Expansion Initial Funding Request Form in SurveyMonkey: [CCE Naloxone Expansion Grant Initial Application](#)

The deadline for initial funding request responses is February 7, 2023 at 11:59 P.M.

The Pennsylvania Commission on Crime and Delinquency (PCCD) is now accepting applications for State Opioid Response (SOR) funding for Centralized Coordinating Entity (CCE) Naloxone Distribution Expansion Grants. For FY 2022-23, a total of \$1.5 million in federal State Opioid Response (SOR) funding has been directed to PCCD for supporting this initiative. **Active CCEs in good standing with PCCD are eligible to apply for up to \$75,000 total under this solicitation to support naloxone distribution efforts**

[PLEASE READ THE CCE FUNDING ANNOUNCEMENT POSTED ON PCCD’S WEBSITE PRIOR TO INITIATING THIS APPLICATION PROCESS:](#)

https://www.pccd.pa.gov/criminaljustice/advisory_boards/Pages/Naloxone-for-First-Responders.aspx

Initial Request Process. This SurveyMonkey form serves as an applicant’s initial request for funding. A written version of the form is available to view and download on PCCD’s *Naloxone for First Responders* website to help you formulate your responses in advance. You are not required to complete this form in one sitting; however, to continue working on your request, you must utilize the same computer/system (e.g., web browser) that the initial request was started on. **To reduce the risk of lost work, applicants are strongly encouraged to develop their funding request responses outside of the SurveyMonkey form first utilizing this template before entering final information and submitting in SurveyMonkey.** Please note that you must hit “Next” on each section to save your information for the previous screen. Once you hit the “Submit” button, you will not be able to modify your request.

Please refer to PCCD’s [Naloxone for First Responders Program webpage](#) for additional information regarding this funding opportunity. Questions regarding this initial request can be sent to RA-PCCD_ExecutiveOfc@pa.gov.

Initial funding requests submitted via SurveyMonkey will be reviewed on a rolling basis to determine eligibility and alignment with funding announcement goals, objectives, and activities. PCCD staff will notify entities after the March 8, 2023 commission meeting if they have been selected to move to the next phase of the application process, which will utilize PCCD’s [Egrants system](#).

Organizational Information and Background Sections:

1. **Organization Information.** Please provide us with information about your organization.
 - a. Name of Organization*¹
 - b. Street Address*
 - c. City/Town*
 - d. County*
 - e. State*
 - f. ZIP/Postal Code*
 - g. Email Address*
 - h. Phone Number*
2. **County.** What county do you currently serve?
3. **Organization Background.** Please provide a brief overview of your organization. [NOTE: This section is limited to 500 characters or less.]
4. **Naloxone Distribution.** Please provide a brief overview of your current distribution efforts.
5. **Annual Operating Budget.** Please provide the total amount of expenditures for your organization/agency in the most recent fiscal year.

Project Narrative Section.

6. **Project Narrative.** Using the following script, please summarize your project, the need for your request, and link how the funds you are requesting for the project will meet or solve that need. [NOTE: This section is limited to 5,000 characters or less].

The [organization name] is requesting \$[insert funding request amount here] to [provide 1-2 sentences of what you are seeking to implement with your grant funding]. Funds will support [provide bullet points of what the funds will be used for and dollar amount]. By funding this project, [describe the anticipated outcomes from your project and how the requested funds will help increase naloxone distribution and related efforts in your specified area].

7. **Target Populations/Community.** Within the geographic area(s) you identified, please describe who your proposed project would engage and reach (e.g., Parole, Individuals in treatment, Community groups, etc.) [Text Box]
8. **Outreach & Referral.** Please describe how your organization plans to engage/reach individuals who need naloxone or harm reduction resources. Please be sure to identify any other organizations or agencies that will be involved or partnered with in implementing those activities. [Text Box]

¹ Questions marked with an Asterix (*) are required.

Budget Section.

9. Project Budget Request. Please provide the total amount (in dollars) that you are requesting here [NOTE: It does not need to be the maximum amount allowed, but it should not exceed \$75,000.]

10. Proposed Project Budget Expenses. From the list below, please enter the cost or best estimate for the budgetary categories listed AND provide a short narrative about the expenditure(s) proposed. [Text Box]

Note: The total costs entered in the categories below should equal the total budget request in the previous question.

For example, if you intend to hire personnel, include the salary in the personnel section, and note the type of position that you are seeking to fill (e.g., \$40,000; salary for a part-time, 18-month Naloxone Coordinator position).

Key points to keep in mind as you develop your budget:

- Due to the competitive nature of these funds, PCCD staff are unable to provide guidance on whether an item or activity fits within one of these categories. It is up to the requester to determine which items to apply for under which category. Applicants should provide a clear description of what types of costs would be supported with grant funds and why they are necessary for the proposed project.
- PCCD reserves the right to have approved applicants remove or reduce items from the proposed budget that are deemed ineligible or not sufficiently related the project.
- Please note that organizations selected for the next phase of the application process will need to develop and submit a detailed Budget to PCCD in Egrants outlining specific costs and expenditures.
- PCCD cannot reimburse any costs that are incurred prior to the start date of the award. Applicants are required to follow PCCD's procurement guidelines (see page 16 of PCCD's Applicant Manual for more on this).
- CCE grant recipients will be required to submit detailed financial reports in PCCD's Egrants system and PCCD will reimburse grantees for reported, eligible expenditures. PCCD understands that all grantees may not have enough cash on hand to be able to purchase more expensive items or services on a reimbursement basis and PCCD will work with grantees in those situations to develop alternative payment/invoicing options.
 - a) Personnel
 - b) Employee Benefits
 - c) Supplies and Operating Costs
 - d) Other
 - e) TOTAL

Key points to keep in mind as you develop your budget:

- Due to the competitive nature of these funds, PCCD staff are unable to provide guidance on whether an item or activity fits within one of these categories. It is

up to the requester to determine which items to apply for under which category. Applicants should provide a clear description of what types of costs would be supported with grant funds and why they are necessary for the proposed project.

- Administrative costs should be kept to a minimum. Administrative costs that are not clearly justified to be necessary, direct project costs within the applicant's proposed budget detail will be considered indirect. Applicants may not request more than their federally allowable indirect rate or a *de minimis* rate of 10%.

Attachment Section (Optional).

1. Please provide any additional comments or justifications here. [Text Box]
2. Please provide any additional comments here as it relates to your application (e.g., provide justification as to why you selected the Budget Category that you did; other explanations; feedback to PCCD on the process, etc.). [Limit to 500 characters or less]
3. Please attach any additional information you would like to include as part of your initial request (e.g., letters of support from relevant community stakeholders; documents that provide examples of the work your organization has done, estimates or product specs to supplement the information provided in your budget, etc.).

Affirmations and Submittal Section.

Thank you for participating in the initial request for CCE Naloxone Distribution Expansion Grant funding. Please read through and check the boxes to confirm that you understand the following, and sign the final attestation below:

- Once you click the submit button on the next page, your initial request will be submitted to PCCD and you will not be able to make any other edits to your request. SurveyMonkey will not provide you with an acknowledgement that your initial request was received. Please be assured that once you hit "Done", PCCD has received your request.
- In the event you accidentally submit an incomplete request, or if you want to add more information to a request, you are able to resubmit a request in SurveyMonkey at any time during the open request period. If an organization submits multiple duplicate survey/forms, PCCD will use the last submitted request in the review process and will not consider earlier submittals.
- If you are selected to move forward in the application process, you will receive an email from PCCD staff outlining the next steps in submitting a formal application in PCCD's Egrants system on or before February 7, 2023.