

# SPF-Rx Community Mini Grant Application FFY26

## Project Description and Goals:

The Strategic Prevention Framework for Prescription Drugs (SPF-Rx) is a five-year grant awarded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to the Maine Center for Disease Control and Prevention (ME CDC) Tobacco and Substance Use Prevention and Control Program (TSUPCP) to address and prevent prescription drug misuse. Maine's Comprehensive Approach to Address Prescription Drug Misuse (CAA-PDM) has three main goals:

1. Increase knowledge, attitudes, and beliefs about the dangers of prescription drug misuse;
2. Decrease prescription drug overdose deaths; and
3. Enhance Maine's data infrastructure and surveillance data gathering tools to better inform strategic planning and proactive strategy implementation in areas of highest need.

Community mini grants will be available to fund one-year projects intended to create new collaborations and partnerships within Maine communities and to reach communities burdened by prescription drug misuse.

**IMPORTANT: Funding is reimbursed to contracted recipients following implementation and receipt of required reports and itemized invoices. Funding is not available upfront.**

## SPF-Rx Priority Focus Areas:

At the beginning of the SPF-Rx Award, a needs assessment was performed to help identify population-based priorities for grant funding. Projects reaching priority populations may be prioritized for funding. The priority populations were identified in the SPF-Rx Strategic Plan-through the evaluation of previous prescription drug misuse prevention efforts and input of the Strategic Planning Committee. Priority populations include people with mental health disorders; pregnant/parenting people; immigrants, refugees, and asylum seekers ("New Mainers"); individuals who identify as LGBTQIA+; people in recovery, and Tribal communities. Additionally, multiple settings were identified as potential collaborations to expand efforts related to prescription drug misuse prevention, including dental offices, pharmacies, Veteran Affairs hospitals, animal medicine, colleges and universities.

Required Activities: All recipients of a SPF-Rx Mini Grant will be required to do the following:

1. Upon notice of award, submit a complete project budget to Maine CDC.
2. Implement approved intervention(s) related to the prevention of prescription drug misuse between 10/1/2025-09/29/2026.
3. Submit quarterly reports to Maine CDC that will include narrative about your efforts, reach data about who has been served by your efforts, and data related to your process and outcome performance measures.
4. Invoice Maine CDC for services on a quarterly basis.
5. Participate in SAMHSA's SPF-Rx Cross Site Evaluation process with support provided by Maine CDC and Public Consulting Group; this includes potentially answering web-based questionnaires.
6. Complete SPF-Rx programmatic evaluation requirements, which may include surveys and key informant interviews.

**Applications for this funding will be due by 11:59 P.M. on June 6, 2025.**

## Agency Information

### 1. Organization Name \*

2. What type of organization would you say you are? \*

- ☐ Community Coalition
- ☐ Local public health/mental health government agency responsible for substance use prevention
- ☐ Local public health/mental health care service provider or facility
- ☐ Youth-focused local grassroots or community-based service or advocacy organization
- ☐ Non-youth-focused local grassroots or community-based service or advocacy organization
- ☐ Faith-based organization
- ☐ School/School District
- ☐ Law enforcement organization
- ☐ College/university
- ☐ Tribal entity or organization
- ☐ Other government agency, not listed above (describe)
- ☐ Other nonprofit organization, not listed above (describe)
- ☐ Other (describe)

3. Description for "other" options if selected, above

4. Mailing Address \*

5. Address 2

6. City/Town \*

7. County \*

8. ZIP/Postal Code \*

Primary Contact Person

9. Name \*

10. Email Address \*

11. Phone Number \*

## Secondary Contact Person (if possible)

12. Name

13. Email Address

14. Phone Number

15. Does your agency currently hold a contract with the State of Maine? (This response will help to frame next steps with contracts and will not affect the selection of proposals.) \*

☐ Yes

☐ No

16. If you selected yes, above, what is your vendor code?

17. If you selected no, above, please read each statement and type your name in the box below to acknowledge that you agree to these conditions, if you do not have a vendor code.

1. I will need to complete the "new vendor" form.
2. I will need to complete the "dd\_eftactivate" form and provide a voided check or a verification letter from the bank.

**We ask that this step be completed as soon as possible upon receiving an award notice.**

18. Does your organization have experience in substance use prevention? \*

☐ Yes

☐ No

19. Please explain you/your organization's level of experience. \*

20. Does your organization currently have a Certified Prevention Specialist or Provisionally Certified Prevention Specialist on staff? (Proposals will not be excluded from consideration if the answer is no.) \*

☐ Yes

☐ No

21. Optional-Explain your answer to the question, above.

Community mini-grants are designed to assist a community in addressing prescription drug misuse with one-year projects. Below is an intervention guide designed to help select an intervention relating to prescription drug misuse prevention. Please select one/combination of the interventions from this list\*. Funded mini-grants will be required to develop SMART (Specific, Measurable, Attainable, Realistic, and Time-Bound) objectives and work with the program evaluator to complete all required reporting to help meet the larger SPF-Rx evaluation goals.

Each mini-grant award will be \$4900.00 for one year. **The program period is 10/1/2025-09/29/2026.** Up to twenty (20) awards will be provided. **Cost of the intervention will be fronted by each vendor, and payment for intervention will be provided upon receipt of detailed invoice of service.**

**Please visit the link to view the intervention guide for this funding opportunity. If you have difficulties accessing this, please email [Jaycie.Stevens@maine.gov](mailto:Jaycie.Stevens@maine.gov).**

[https://www.canva.com/design/DAGn6ZtxJI0/6XtZHZZNmXZOLhyXuSSCcg/view?utm\\_content=DAGn6ZtxJI0&utm\\_campaign=designshare&utm\\_medium=link2&utm\\_source=uniquelinks&utclid=h886a9f5bf8](https://www.canva.com/design/DAGn6ZtxJI0/6XtZHZZNmXZOLhyXuSSCcg/view?utm_content=DAGn6ZtxJI0&utm_campaign=designshare&utm_medium=link2&utm_source=uniquelinks&utclid=h886a9f5bf8)

\*If you are interested in implementing an evidence-based intervention not on this guide, please provide a detailed justification with discussion of the evidence, resources as needed, and explanation of why this would be a good fit for your community.

**Funding Restrictions**

Funding may not be used for the following:

- Harm reduction services (such as naloxone, syringe service programs, etc.)
- Food or drinks
- Technology equipment (computers, phones, etc.)

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22. Have you/your agency completed a community needs assessment relating to substance use prevention/prescription drug misuse? \*

☐ Yes

☐ No

23. Which of the following data were used for your community needs assessment?

- ☐ Prescription drug misuse in the past 30 days or past year
- ☐ Prescription pain reliever misuse in the past 30 days or past year
- ☐ Lifetime prescription drug misuse (ever misused)
- ☐ Lifetime prescription pain reliever misuse (ever misused)
- ☐ Mortality rates due to opioid overdose
- ☐ Emergency department visits/hospital admissions related to opioid misuse/overdose
- ☐ Calls to poison control center related to opioid misuse
- ☐ Consumers' perceived risk of prescription drug misuse
- ☐ Parent/peer attitudes about prescription drug misuse
- ☐ Communication with parents about drug use
- ☐ Social availability of substances (through friends/family members, etc.)
- ☐ Physicians' attitudes and knowledge
- ☐ Law enforcement practices (e.g., to address diversion; having police use Narcan to prevent overdose)
- ☐ Other

24. Identify the consumption indicator(s) you are targeting with your proposed project.  
(What are you focusing on in terms of prescription drug use rates?). \*

- ☐ Have not selected a consumption indicator
- ☐ Misuse of any prescription drugs
- ☐ Misuse of prescription pain relievers
- ☐ Misuse of prescription stimulants
- ☐ Misuse of prescription benzodiazepines
- ☐ Other



25. Identify the consequence indicator(s) you are targeting with your project. (What impacts are you aiming to change?) \*

- ☐ Have not identified a consequence to target
- ☐ Poison control center calls related to prescription drug overdose
- ☐ Poison control center calls related to opioid overdose
- ☐ Prescription drug-related overdose deaths
- ☐ Opioid-related overdose deaths
- ☐ Other

26. Which subpopulation(s) represent your behavioral health disparities population of focus? **Please select up to three.** According to Healthy People 2030, "Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion." \*

- ☐ Individuals identifying as LGBTQ+
- ☐ African American
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Hispanic/Latino
- ☐ Youth (12-17)
- ☐ Young Adults (18-25)
- ☐ Adults (26+)
- ☐ People 65+
- ☐ Middle School Students (11-14)
- ☐ High School Students (15-18)
- ☐ College Students
- ☐ Pregnant/Parenting People
- ☐ Current/former military or military families
- ☐ Individuals living in poverty
- ☐ Individuals whose native language is other than English
- ☐ Individuals with low literacy
- ☐ People with mental health disorders
- ☐ People in recovery
- ☐ Immigrants, refugees, and asylum seekers
- ☐ Tribal communities
- ☐ Other

27. Please describe your proposed intervention(s). Be specific. Provide detail on the strategies you will use, methods, and key partners. Please refer to strategy numbers listed in the intervention guide if possible.

[https://www.canva.com/design/DAGn6ZtxJI0/6XtZHZZNmxZQLhyXuSSCcg/view?utm\\_content=DAGn6ZtxJI0&utm\\_campaign=designshare&utm\\_medium=link2&utm\\_source=uniquelinks&utlId=h886a9f5bf8](https://www.canva.com/design/DAGn6ZtxJI0/6XtZHZZNmxZQLhyXuSSCcg/view?utm_content=DAGn6ZtxJI0&utm_campaign=designshare&utm_medium=link2&utm_source=uniquelinks&utlId=h886a9f5bf8)

\*

28. Which county/city/geographic region will this intervention serve? \*

## CSAP (Center for Substance Abuse Prevention) Strategy/Strategies

29. The intervention guide lists interventions under their respective CSAP strategy. For additional information, click visit this link: [https://theathenaforum.org/sites/default/files/2024-08/csap\\_strategies.pdf](https://theathenaforum.org/sites/default/files/2024-08/csap_strategies.pdf) \*

- ☐ Community-Based Process
- ☐ Education
- ☐ Environmental
- ☐ Information Dissemination
- ☐ Alternative Activities/Cultural Programs
- ☐ Unsure

30. Please explain your selection(s) from the previous question. \*

31. Using SMART (Specific, Measurable, Attainable, Realistic, and Time-Bound) objectives, please describe your implementation plan. Guidance on developing SMART Objectives is available here: <https://www.samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf> \*

32. What is your proposed timeframe for this intervention? \*

33. Is this intervention a continuation of an existing project or a new project? \*

34. Do you require any technical assistance? \*

☐ Yes

☐ No

35. If you answered yes to the question above, please explain.

36. Please read each statement and type your name in the box below to acknowledge that you agree to these conditions.

1. I have read and understand how this money can and cannot be spent.
2. If funded, I agree to submit all quarterly reports and invoices to Maine CDC on or before the provided deadlines.
3. If funded, I agree to participate in all evaluation activities.
4. If funded, I agree to submit any materials developed under this funding to Maine CDC for review before they are used.

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