



## **Ohio's SPF Rx Medication Disposal Drop Box Application**

**Deadline to Apply: August 18, 2025**

### **Funding Opportunity**

The goal of this project is to implement medication disposal drop boxes in eligible organizations across Ohio. This opportunity will supply recipients with a new medication disposal drop box and cover the cost for the disposal of medication collected, through September 2026.

Boxes will be purchased through the American Rx Group. These boxes use liners that come as a part of mail-back kits. Once a liner is filled, it is to be sealed and packaged with the remaining kit materials and shipped off to be incinerated.

### **Eligible Applicants**

Organizations eligible to apply are those who can legally host a medication disposal drop box in their facility. This includes law enforcement agencies and certain healthcare providers like pharmacies. Organizations must be based in Ohio and be willing to obtain the appropriate DEA license (if necessary). DEA Compliance requires that medication disposal drop boxes be mounted, either to the wall or floor, in a spot visible to at least one staff member during business hours.

If you are unsure if your agency meets eligibility requirements, please reach out to Sarah Sawmiller at [ssawmiller@prevention-first.org](mailto:ssawmiller@prevention-first.org)

### **Funding Time Frame**

Applications are due by August 18, 2025, 5:00pm EDT. Acceptance/rejection notices will be sent by September 1, 2025, 5:00pm EDT.

Fees associated with mail-back kits and incineration will be covered through September 2026, with the potential for additional sustainability pending grant funds.

Recipients will be required to submit brief quarterly reports throughout the funding period. Reports will be in an online form asking questions about promotion of the drop box and any community engagement with the box. Reminders will be 2 weeks prior to the report deadlines.



## Application Requirements

Applicants will need to submit the following information to the form listed below.

[Click Here for the Application Link](https://form.jotform.com/252114549760154)

Or copy and paste this link into your browser: <https://form.jotform.com/252114549760154>

The application should include:

- Contact information for the individual submitting the application
- Organization name
- Organization address
- Brief organization description
- Description of the community/individuals served by the organization.
  - For example, demographics, socio-economic status, cultural norms.
- Statement of Need.
  - Why would this medication disposal drop box be beneficial for your organization?
  - How would the community benefit from this medication disposal drop box?
  - What medication disposal opportunities are currently available for the community/individuals your organization serves?

## Questions

Please reach out to [Sarah Sawmiller](mailto:ssawmiller@prevention-first.org) with any questions regarding this Application.

email: [ssawmiller@prevention-first.org](mailto:ssawmiller@prevention-first.org)

phone: 513-751-8000 x17